

**Before the
Federal Communications Commission
Washington, DC 20554**

In the Matter of)	WT Docket No. 02-55
)	
Improving Public Safety Communications in the 800 MHz Band)	Licensee Name _____
)	Call Sign _____
)	

To: Public Safety and Homeland Security Bureau, Federal Communications Commission

**REQUEST FOR WAIVER OF THE MARCH 20, 2012 DEADLINE FOR COMPLETION
OF 800 MHZ REBANDING IN THE U.S. VIRGIN ISLANDS**

Pursuant to Section 1.925 (47 C.F.R. § 1.925) of the rules of the Federal Communications Commission (“Commission”), the above-referenced licensee (“Licensee”) requests a waiver of the Commission’s requirement for the Licensee to complete its 800 MHz rebanding by March 20, 2012.¹ The Licensee recognizes that the Commission has noted: “Requests for extension will be subject to a high level of scrutiny. Licensees will be expected to demonstrate that they have worked diligently and in good faith to complete rebanding expeditiously, and that the amount of additional time requested is no more than is reasonably necessary to complete the rebanding process.”²

Specifically, the Licensee requests until _____ to complete its 800 MHz rebanding. The public interest would be served by granting the requested waiver because it would allow Licensee to reband its 800 MHz system in a reasonable, prudent and timely manner consistent with the goals of the 800 MHz rebanding program. In support of this Request for Waiver the Licensee provides the attached Waiver Request Information Form and the following explanation of the reason(s) for not completing

¹ See Improving Public Safety Communications in the 800 MHz Band, New 800 MHz Band Plan for Puerto Rico and the U.S. Virgin Islands, *Fourth Report and Order*, 26 FCC Rcd 1937 (2011).

² See FCC Announces Supplemental Procedures And Provides Guidance For Completion Of 800 MHz Rebanding, *Public Notice*, 22 FCC Rcd 17227, 17232 (2007).

Request for Waiver of the March 20, 2012 Deadline for Completion of 800 MHz Rebanding in the U.S.

Virgin Islands

Licensee Name _____

Call Sign _____

DL _____

reconfiguration by March 20, 2012, which is consistent with the assertion that a grant of the waiver would serve the public interest.

Check if additional sheets are attached.

Finally, the licensee seeks confidential treatment of the Waiver Request Information Form pursuant to Section 0.459 of the FCC's Rules because the information contained therein is highly sensitive regarding the operations of a public safety organization's communications system. Furthermore, the information contained in the form is not otherwise publicly available. The Licensee consents to the disclosure of the form to the 800 MHz Transition Administrator, LLC ("TA") and Sprint Nextel and requests that they treat the form as confidential.

Respectfully Submitted,

Signature

Date

Name and Title

Waiver Request Information Form

Confidential treatment sought pursuant to Section 0.459 of the FCC's Rules.

1 Licensee Information

1A	Licensee/Entity Name	
1B	Lead Call Sign	
1C	Sprint Nextel Deal ID (if known)	DL

Please designate an 800 MHz call sign that is subject to rebanding to be used for tracking purposes. If possible the selected call sign should include at least one fixed based station. The Licensee Name and Call Sign provided on this form should match the same information in the caption of the Request for Waiver to which this form is attached.

1D	Licensee Contact Person Name	
1E	Licensee Contact Title	
1F	Contact Address 1	
1G	Contact Address 2	
1H	City	
1I	State	
1J	Zip	
1K	Business Phone Number	
1L	Business Fax Number	
1M	Email Address	

2 Size and Complexity of System

2A	Equipment Manufacturer(s)			
2B	Type of Radio System (check all that may apply)	<input type="checkbox"/> Conventional <input type="checkbox"/> Trunked <input type="checkbox"/> Simulcast <input type="checkbox"/> Other (e.g., data only) _____		
2C	Number of Fixed Repeater Sites			
2D	Number of Subscriber Units	Portables	Mobiles	Data
		To be Replaced		
		To be Reflashed		
		To be Retuned		
	Not Yet Known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Waiver Request Information Form

Licensee Name _____

Call Sign _____

DL _____

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3 Interoperability

3A Do you interoperate with other 800 MHz systems? **Yes** **No**

If yes (3A), please list these agencies and describe how such interoperability will affect your rebanding schedule. Specifically note if there are agencies that must reband before you will be able to reband.

	Agency Name	Agency Lead Call Sign	Effect on Your Schedule	Must Reband Before
3B				<input type="checkbox"/>
3C				<input type="checkbox"/>
<i>(additional table space at the end of this form, page 7)</i>				

4 Steps Already Taken to Complete Physical Reconfiguration

Frequency Reconfiguration Agreement (“FRA”)

4A Do you have an FRA executed with Sprint Nextel that covers both infrastructure and subscriber units (mobiles and portables)? **Yes** **No**

4B If no (4A), when do you anticipate having such an FRA executed? (M / D / Y) ___/___/___

If you do not have an executed FRA covering both infrastructure and subscriber units please provide as much information as possible in response to the following questions.

Subscriber Equipment Deployment (“SED”) Program

4C Did you execute an FRA with Sprint Nextel for early reconfiguration of subscriber units? **Yes** **No**

Implementation Planning Session (“IPS”)

4D NPSPAC Region number: _____
(see US RPP map at <http://www.800TA.org/content/resources>)

4E Have you attended an IPS? **Yes** **No**

4F If no (4E), have you RSVP’d to attend an IPS? **Yes** **No**

The TA has not scheduled an IPS in every NPSPAC Region. IPSs are scheduled as needed based on the interoperability of the licensees in each region. For a schedule of IPSs held to date please see www.800TA.org.

Waiver Request Information Form

Licensee Name _____

Call Sign _____

DL _____

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Vendor Information

4G Are you reconfiguring using solely internal labor? **Yes** **No**

If no (4G), provide the following:

4H Name of Primary Vendor Performing Reconfiguration Services: _____

4I Do you have a signed contract with this vendor? **Yes** **No**

4J Have you had your vendor kick-off meeting? **Yes** **No**

4K If no (4J), when is the kick-off meeting scheduled? (M / D / Y) ___/___/___

Channel Clearing Request(s)

4L Has Sprint Nextel notified you that they have cleared your new frequencies? **Yes** **No**

4M If no (4L), have you entered into an agreement with Sprint Nextel that contains a firm date(s) for Sprint Nextel to clear your new frequencies? **Yes** **No**

4N If no (4M), have you requested that Sprint Nextel clear your new frequencies? **Yes** **No**

5 Other

Describe any other steps that you have taken to date to complete physical reconfiguration.

5A _____

Waiver Request Information Form

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Proposed Timetables

If you attended a TA-sponsored IPS the schedule and interoperability information requested below was discussed at the IPS and you would have received from the TA a written confirmation of your proposed schedule. You may use that information to complete sections below; if such information has changed, please provide updates as appropriate:

6 Proposed Timetable Subscriber Units

6A Does the reconfiguration of your subscriber units involve multiple touches to your subscriber units? For example, one touch to put the new channels into the subscriber units and a subsequent touch to remove the old channels from the subscriber units. **Yes** **No**

If you have a single touch, with respect to your subscriber units, please provide:

6B Estimated/Actual start date: ___/___/___ Estimated/Actual completion date: ___/___/___

If you have a second touch please provide:

6C Estimated/Actual start date: ___/___/___ Estimated/Actual completion date: ___/___/___

If you have more than two touches, including any “clean-up,” please *describe* and provide a start date and completion date below:

6D _____

6E Start date (6D): ___/___/___ Completion date (6D): ___/___/___

7 Proposed Timetable Infrastructure Schedule

With respect to infrastructure please provide:

7A Estimated/Actual start date: ___/___/___ Estimated/Actual completion date: ___/___/___

8 Anticipated Completion

8A When do you anticipate operating on your new frequencies? (M / D / Y) ___/___/___

8B If, different, when do you anticipate vacating your old frequencies? (M / D / Y) ___/___/___

8C When do you anticipate completing the physical rebanding of your system including, removing old channels from subscriber units, testing and clean-up? (M / D / Y) ___/___/___

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Interoperability

	Agency Name	Agency Lead Call Sign	Effect on Your Schedule	Must Reband Before
3D				<input type="checkbox"/>
3E				<input type="checkbox"/>
3F				<input type="checkbox"/>
3G				<input type="checkbox"/>
3H				<input type="checkbox"/>
3I				<input type="checkbox"/>
3J				<input type="checkbox"/>
3K				<input type="checkbox"/>
3L				<input type="checkbox"/>
3M				<input type="checkbox"/>
3N				<input type="checkbox"/>
3P				<input type="checkbox"/>
3R				<input type="checkbox"/>
3S				<input type="checkbox"/>

**** END OF FORM TA-22.0 ****