



Assignment of Authorization Request Form

Assignor – Current Ownership Information

Licensee Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone: _____ Fax: _____

FCC Registration Number (FRN): _____ ULS Password: _____

To request a ULS Password reset, provide your Federal Taxpayer ID number: _____

Closing or settlement date: _____

Call Sign(s) to be Assigned: _____

Constructed and Operational? Yes No

Full Assignment Partial Assignment (Frequencies to be assigned) _____

Name of Person Authorized to Sign the FCC form 603: _____

Title: _____

Licensee Contact Representative (if different from above): _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone: _____ Fax: _____

Assignee - New Ownership Information

Assignee Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone: _____ Fax: _____

Assignee FRN: _____ ULS Password: _____

To request a ULS Password reset, provide your Federal Taxpayer ID number: _____

Name of Person Authorized to Sign the FCC form 603: _____

Title: _____

Type of Assignment

Assignment is: Voluntary (OR) Involuntary

How Assignment is to be accomplished: Sale Court Order Transfer of Stock Other

Is this a *pro forma* assignment? Yes No

(A *pro forma* assignment of authorization is one for which the actual controlling party does not change; e.g. when an authorization is assigned by one wholly-owned subsidiary of a parent corporation to another wholly-owned subsidiary of the same corporation.)

Fee Information

Fee and payment:

For information regarding EWA and FCC fees to file electronically, please see EWA's website at <https://www.enterprisewireless.org/service-fees>.

I would like to receive information about becoming a member of EWA.

Method of Payment

Check made payable to EWA in the amount of \$ _____

Credit card: VISA MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Cardholder Name: _____

Street Address: _____ ZIP: _____

Card Holder/Authorized Signature: _____

