



**GOVERNMENT OF PUERTO RICO
DEPARTMENT OF NATURAL AND ENVIRONMENTAL RESOURCES
PO Box 366147 - SAN JUAN, PR 00936**

PRIMARY CONCESSIONAIRE ELECTRONIC INSTALLATION CHECK LIST

Date: _____

Application Number: _____

Name of Applicant or Company: _____

Documents Submitted:

- Form LUPS-2011-6
- Certificate of Incorporation or Municipal Patent
- Copy of Valid FCC License
- Date of Expiration of FCC License _____
- Copy of License(s) for each:
 - Transmitter
 - Antenna
 - Tower
- Copy of License(s) of FAA.
- Date when operation of the installation began _____
- Date of Permit Approval _____
- Equipment Cost _____
- Payment for the amount of \$500.00
- **Copy and Number of the insurance policy including DNER and the Government of Puerto Rico as co-insured for the value of \$1,000,000.00 for personal damage and \$500,000.00 for property damage. (This document will be submitted after the permit is approved).**
- Detail the Names of all concessionaires and cohabitants installs in the facilities with their current permit number.

| Users Name | Permit Number | Date of Permit Approval |
|------------|---------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

- Topography Map in Graphic Scale: 1:20,000
- Certified Plans of Localization and Structures

Schematic Plans of the Installations that includes the localization of the secondary concessionaires

Environmental Documents

DIA EA

Date of the permit: _____

****UNDER NO CIRCUMSTANCES THIS APPLICATION WILL BE ACCEPTED IF ANY OF THE ABOVE-LISTED DOCUMENTS HAS NOT BEEN INCLUDED AT THE MOMENT OF FILING THE DOCUMENT. (Except for the copy of the insurance policy which will be submitted when the permit is approved.)**

Signature of the person who accepts the filing
of the documents

Filing date

Signature of the person who verifies the data

Review date



FORM LUPS-2011-6
REV. DIC-2011

**GOVERNMENT OF PUERTO RICO
DEPARTMENT OF NATURAL AND ENVIRONMENTAL RESOURCES
PO Box 366147 - SAN JUAN, PR 00936**

**SPECIAL PERMIT APPLICATION FOR PRIMARY
CONCESSIONAIRE ELECTRONIC INSTALLATION**

Date: _____

Application Number: _____

Applicant's Name: _____

Name of Company or Applicant: _____

Company's Home Address: _____

Postal Address: _____

Phone No: Office: _____ Fax: _____

E-mail: _____

Employer Social Security Number: _____

Number and Copy of Certificate of Incorporation or Municipal Patent: _____

Copy of FCC Valid License for each one of the transmitter, antennas, etc. as applicable:

Date of Issuance of FCC License: _____

Date of Expiration of FCC License: _____

Copy of Other Licenses or Related Authorizations: _____

Copy and Number of Insurance Policy including the DNER as Co-insured, for the value of \$1,000,000.00 for personal damages and \$500,000.00 for property damage:

Application cost: \$500.00 Receipt Number: _____

Payment in: Cash Certified Check or Money Order

- **All checks or money order should be payable to the Secretary of Treasury**

Reason for requesting the installation: _____

INFORMATION OF THE AREA WHERE THE ELECTRONIC EQUIPMENT WILL BE PLACED

Forest: _____ Peak: _____

Area the equipment will occupy (foot²): _____

Type of FCC License you possess: _____

Number of FCC License: _____

Technical Data for each transmitter:

| Transmitter | (1) | (2) | (3) | (4) |
|--|-----|-----|-----|-----|
| Frequency (Data) | | | | |
| b. Output Potential (Watts) | | | | |
| c. Type of Emission (FCC/IRAQ Symbol) | | | | |
| d. Operation Cycle (1)Continuously, 24 hours daily (2)Intermittent-Every day | | | | |
| e. Type of Station (FCC/IRAQ Symbol) | | | | |

Description and location of antenna(s) to be installed: _____

Types of Operational Control considered

- Local Control Wired Remote Other (Explain) _____
 Automatic Repeater Radial Remote

Person to contact in case of emergency, radial interference or for additional information:

Name: _____

Address: _____

Phone(s): _____

 Applicant's Signature

 Date permit is granted

 Signature of the person who grants the permit