

IV. FCC Forms,  
Organizational  
Guidelines &  
Checklist



Federal Communications Commission  
 Washington, DC 20554  
**Application to Participate in an FCC Auction**  
 (Read Instructions on Back Before Completing)

|              |  |  |  |  |
|--------------|--|--|--|--|
| Special Use  |  |  |  |  |
| FCC Use Only |  |  |  |  |

OMB Approval 3060-0600  
 Expires 4/30/99  
 Estimate Average Burden  
 Per Response: 30 Minute

|                                 |                       |             |   |  |
|---------------------------------|-----------------------|-------------|---|--|
| 1. Applicant                    |                       |             | 8. Applicant Classification:<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Other _____   |  |
| 2. Mail Address (No P.O. Boxes) |                       |             | 9. Entrepreneurs' Block (If Applicable)<br><input type="checkbox"/> Applicant is eligible to bid on Entrepreneurs' Block licenses.<br><br><input type="checkbox"/> Gross revenues do not exceed \$75 million. (See 47 CFR 24.720(f), 24.711(b))                                 |  |
| 3. City                         | 4. State              | 5. Zip Code | 10. Designated Entity Status:<br><input type="checkbox"/> Rural telephone company<br><input type="checkbox"/> Minority owned business<br><input type="checkbox"/> Woman owned business<br><input type="checkbox"/> Small Business<br><input type="checkbox"/> None of the above |  |
| 6. Auction Number               | 7. FCC Account Number |             |   |  |

**11. Markets and Frequency Blocks for which you want to bid. If more than 5 markets, use supplemental form (FCC 175-S).**

| Market No.                   | Frequency Block No.  |
|------------------------------|--|
| ALL <input type="checkbox"/> | Enter Frequency Block Number(s) or Letter(s) or Check All ALL <input type="checkbox"/> |
| (a)                          |  |
| (b)                          |  |
| (c)                          |  |
| (d)                          |  |
| (e)                          |  |

- Check here if supplemental forms 175-S are attached. Indicate number of supplemental forms 175-S attached: \_\_\_\_\_
- Check here if exhibits are attached. Indicate number of supplemental exhibits attached: \_\_\_\_\_

**12. Person(s) authorized to make or withdraw a bid (Typed/Printed Name)**

|     |     |     |
|-----|-----|-----|
| (a) | (b) | (c) |
|-----|-----|-----|

- Certification:** I certify the following:
- (1) that the applicant is legally, technically, financially and otherwise qualified pursuant to 308(b) of the Communications Act and the Commission's Rules and is in compliance with the foreign ownership provisions contained in Section 310 of the Communications Act.
  - (2) that the applicant is the real party in interest in this application and that there are no agreements or understandings other than those specified in this application (see instructions for certification), which provide that someone other than the applicant shall have an interest in the license.
  - (3) that the applicant is aware that, if upon Commission inspection, this application is shown to be defective, the application may be dismissed without further consideration, and certain fees forfeited. Other penalties may also apply.
  - (4) that the applicant has not entered into and will not enter into any explicit or implicit agreements or understandings of any kind with parties not identified in this application regarding the amount to be bid, bidding strategies or the particular license on which the applicant or other parties will or will not bid.
  - (5) that the applicant, or any party to this application, is not subject to a denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988.
  - (6) that, if entrepreneurs' block or designated entity status is claimed in block 9 or 10, the applicant is eligible for any special provisions set forth in the Commission's Rules applicable to this auction and consents to audits, as set forth in the Commission's Rules, to verify such status.
  - (7) that the applicant is and will, during the pendency of its application(s), remain in compliance with any service specific qualifications applicable to the licenses on which the applicant intends to bid including, but not limited to, financial qualifications.

I declare, under penalties of perjury, that I am an authorized representative of the above-named applicant for license(s) specified above, that I have read the instructions and the foregoing certification and all matters and things stated in this application and attachments, including exhibits, are true and correct.

|  |                            |               |
|--|----------------------------|---------------|
| Typed/Printed Name of Person Certifying        | Title of Person Certifying | Date          |
| Signature of Person Certifying (Blue Ink Only) | Contact Person             | Telephone No. |
|  |                            | FAX No.       |

Willful false statements made on this form are punishable by fine and imprisonment (U.S.Code, Title 18, Section 1001) and/or revocation of any station license or construction permit (U.S.Code, Title 47, Section 312(a)(1)), and/or forfeiture (U.S.Code, Title 47, Section 503). FCC 175 Revised 1/95

**Instructions**

**Item 1. Applicant Name:** Enter the legal name of the person or entity applying to participate in an auction. If other than an individual, insert the exact name of the entity as it appears on the legal document(s) establishing the entity such as the Articles of Incorporation.

[NOTE: Applicants who have entered into an arrangement(s) of any kind relating to the license(s) specified in this application must provide additional information. See certification instructions below.]

**Item 2. Applicant Mailing Address:** Enter the street address to which the entity wants future correspondence relating to this application to be mailed. Indicate street numbers or rural route numbers as appropriate.

**Item 3. City:** Enter the city name for the applicant mailing address.

**Item 4. State:** Enter the two-letter state abbreviation for the applicant address.

**Item 5. ZIP Code:** Enter the ZIP Code for the applicant address.

**Item 6. Auction Number:** Enter the appropriate auction number. This number will be supplied by the Commission in the Public Notice announcing the auction.

**Item 7. FCC Account No.:** Enter your personal identification number. This number must consist of ten digits. You have two options to create this FCC Account Number. Option 1-you must use your taxpayer identification number (TIN) with a prefix of "0", e.g., 0123456789, if you have a TIN. Option 2-if you do not have a TIN, use your ten-digit telephone number (e.g., 5552345678). You should use this same number when submitting additional information/material regarding this application, including any required fees submitted to the Commission on FCC 159, FCC Remittance Advice, (i.e., use the same number for this form and the FCC Account Number on FCC 159).

**Item 8. Applicant Classification:** Place an [X] in the appropriate box preceding the type of entity to indicate the type of legal entity applying. If an [X] is placed in the "Other" box indicate the type of entity applying in the space provided (e.g., governmental entity, association, etc.). Limited liability companies should check the "Partnership" box.

**Item 9. Entrepreneurs' Block:** Place an [X] in the box shown if the auction in which the applicant seeks to participate includes "entrepreneurs' block" licenses, and if the applicant meets the eligibility requirements for bidding on entrepreneurs' block licenses. In addition, place an [X] in the box provided if the applicant's gross revenues do not exceed \$75 million. See 47 CFR Sections 24.720(f), 24.711(b). If the applicant places an [X] in the entrepreneurs' block box, it will be certifying its eligibility to bid on these licenses. If the applicant places an [X] in the gross revenues box it will be certifying that its gross revenues do not exceed \$75 million.

**Item 10. Designated Entity Status:** Place an [X] in the appropriate box or boxes preceding the appropriate designated entity type. This information will be used for purposes of determining the applicant's eligibility for any special provisions available for designated entities. See Parts 1 and 24 of the Commission's Rules for definitions of the different types of designated entities.

**Item 11. Markets/Frequency Blocks:** Markets enter the code for the market(s) on which you want to bid in the column under Market No. The codes will be provided by the Commission in a Public Notice. Use a

separate line (a-e) for each different market. If you want to be eligible to bid on licenses in more than five markets, you must use Supplemental Form, FCC 175-S. Place an [X] in the box below the table to indicate there are supplementary forms attached, and specify the number of supplemental forms. If, however, you want to be eligible to bid on licenses in all markets, you should place an [X] in the box marked "ALL", and you need not submit supplementary forms. After each market list the letter(s) or number(s) for the frequency block(s) or channel(s) on which you want to bid. These codes will be provided by the Commission in a Public Notice. For example, if you wanted to bid on two frequency blocks in market (a) and one block in market (b) to be eligible you would enter the codes for the two desired frequency block(s) in market (a) in columns 1 and 2 on line (a) and leave the remaining columns on that line blank. On line (b) you would enter in column 1 the code for the frequency block you want in market (b) and leave the remaining columns on the line blank. If you want to be eligible to bid on all frequency blocks in all the markets you specified, you should place an [X] in the box marked "ALL". Exhibits: If exhibits are attached to the application, check the box provided and indicate the number of exhibits.

**Item 12. Authorized Representatives:** Type or print the name(s) of the person(s) you wish to designate as an authorized representative(s). Only authorized representatives will be allowed to make or withdraw bids at an auction. You may list a maximum of three (3) authorized representatives.

**Certification:** Read the certification. Enter the typed/printed name of the individual authorized to sign the application, his/her title, date signed, authorized individual's signature, the name of a person familiar with the application (contact person) and the phone number and fax number (including area code) of the contact person. See Part 1, Subpart Q of the Commission's Rules. All applications must bear an original signature of a person authorized to sign on behalf of the applicant. List in the space provided below or in an exhibit the name, citizenship and address of all partners, if the applicant is a partnership; of a responsible officer or director, if the applicant is a corporation; of the trustee, if the applicant is a trust or, if the applicant is none of the foregoing, list the name and address of a principal or other responsible person. See Part 1, Subpart Q of the Commission's Rules. In addition, for applicants claiming eligibility for an entrepreneurs' block or for designated entity status, list information on the applicant's control group, affiliates, gross revenues and assets. See Part 24 of the Commission's Rules.

Also list in the space provided below or in an exhibit all parties with whom the applicant has entered into an agreement(s), of any kind, relating to the licenses being auctioned including such agreements(s) relating to the post-auction market structure. See Part 1, Subpart Q of the Commission's Rules.

**NOTE:** The Commission's Public Notice announcing the auction for the licenses on which you are interested in bidding contains information essential to completing this form correctly. You should also consult the specific rules governing the service in which you are applying. Forms which are completed incorrectly may be dismissed without an opportunity for resubmission.

Use this space for listing additional information required by the Certification. [If additional space is needed attach a separate sheet(s).]

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on this form is not provided, processing may be delayed or the application may be returned without action pursuant to the Commission's rules. Your response is required to obtain the requested authority.

Public reporting burden for this information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data needed, gathering and maintaining the data needed, and completing and reviewing the collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Federal Communications Commission, Records Management Division, Washington, D.C. 20554, and to the Office of Management and Budget, Paperwork Reduction Project (3060-0600), Washington, D.C. 20503.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1975, 5 U.S.C. 522a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1980, 96-511, DECEMBER 11, 1980, 47 U.S.C. 3507

(This form is to be used in conjunction with FCC 175)

|                                     |             |                 |                      |
|-------------------------------------|-------------|-----------------|----------------------|
| Applicant                           | Auction No. | FCC Account No. | Page<br>____ OF ____ |
| Street Address/City (No P.O. Boxes) |             | State           | ZIP Code             |

|     | Market No. | Frequency Block No. |   |   |   |   |   |   |   |   |    |    |
|-----|------------|---------------------|---|---|---|---|---|---|---|---|----|----|
|     |            | 1                   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| (f) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (g) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (h) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (i) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (j) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (k) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (l) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (m) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (n) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (o) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (p) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (q) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (r) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (s) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (t) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (u) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (v) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (w) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (x) |            |                     |   |   |   |   |   |   |   |   |    |    |
| (y) |            |                     |   |   |   |   |   |   |   |   |    |    |

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on this form is not provided, processing may be delayed or the application may be returned without action pursuant to the Commission's rules. Your response is required to obtain the requested authority.

Public reporting burden for this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Federal Communications Commission, Records Management Division, Washington, D.C. 20554, and to the Office of Management and Budget, Paperwork Reduction Project (3060-0600), Washington, D.C. 20503.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1975, 5 U.S.C. 522a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1980, 96-511, DECEMBER 11, 1980, 47 U.S.C. 3507



**FCC Form 175**  
**Organizational Guidelines and Checklist for Attachments**

*In addition to completing the Form 175 (short form), applicants are encouraged to submit the information required by the Commission's rules as exhibits to the short form using the format and checklist indicated below. It is our intent that applicants may use this format for both manual and electronic filing of the Form 175. Although our suggested organizational approach to these exhibits is discretionary, submission of the required materials in the manner described below is expected to facilitate the processing of short form applications. Applicants bear full responsibility for submission of timely and complete short form applications. Applicants should read the instructions on the Form 175 carefully and should consult our rules to ensure that, aside from the materials described below, all the information that they are required to submit under our regulations is included with their Form 175. Incomplete or defective applications will be returned. 47 C.F.R. §§ 1.12105(b), 24.820. Also, pursuant to Section 1.65 of the Commission's Rules, 47 C.F.R. § 1.65, each applicant is responsible for the continuing accuracy and completeness of information furnished in a Form 175. Applicants are reminded that they must certify on the short form that they consent to be audited. 47 C.F.R. § 24.709(d)*

**I. Information Required of All Applicants**

**EXHIBIT A: Applicant Identity and Ownership Information.** Attach as **Exhibit A** the information, certified as truthful, that is required pursuant to 47 C.F.R. §§ 1.2105(a)(2) and 24.813(a) of the Commission's rules concerning the identity of the applicant (*i.e.*, disclosure of the real party or parties-in-interest) and ownership interests held in the applicant and in investors in the applicant. A suggested format for listing ownership held directly in the applicant is provided below as an appendix to this document.

**EXHIBIT B: Agreements With Other Parties/ Joint Bidding Arrangements.** Attach as **Exhibit B** the information, certified as truthful, that is required pursuant to 47 C.F.R. § 1.2105(a)(2)(viii). This information should identify all parties with whom the applicant has entered into partnerships, joint ventures, consortia or other agreements, arrangements or understandings of any kind relating to the licenses being auctioned, including any such agreements relating to the post-auction market structure.

*Be aware that pursuant to Certification (5) on the Form 175 the applicant certifies that it will not enter into any explicit or implicit agreements or understandings of any kind with parties not identified in the application regarding the amount to be bid, bidding strategies or the particular licenses on which the applicant will or will not bid. See 47 C.F.R. §§ 1.2105(a)(2)(ix). To prevent collusion, the Commission's rules generally prohibit communications during the course of the auction among applicants for the same geographic markets when such communications concern bids, bidding strategies, or settlements. 47 C.F.R. § 1.2105(c)*

**EXHIBIT C: Status as an Eligible Entrepreneur.** Attach as **Exhibit C** information, certified as truthful, concerning the gross revenues and total assets of the applicant, its

affiliates, persons or entities that hold interests in the applicant and their affiliates, as specified in 47 C.F.R. § 24.709(a). *See also* 47 C.F.R. § 24.709(c)(1)(i)-(iii). The information contained in this exhibit should demonstrate that the applicant is an eligible **entrepreneur**, either because it satisfies the general rule set forth in 47 C.F.R. § 24.709(a) or because it satisfies an exception set forth in 47 C.F.R. § 24.709(b).

[1] Applicants claiming to satisfy eligibility under the general rule (47 C.F.R. § 24.709(a)) as an **entrepreneur** should submit as **Exhibit C** the following information:

- \* The identity of all **affiliates** as required by 47 C.F.R. § 24.709(c)(ii)(D).
- \* The applicant's gross revenues and total assets computed in accordance with 47 C.F.R. § 24.709(a) and (b).

[2] Applicants claiming to satisfy eligibility under 47 C.F.R. § 24.709(b)(2) as a **publicly traded corporation with widely dispersed voting power** should submit **Exhibit C** the following information:

- \* A certified statement that the applicant complies with the requirements of the definition of **publicly traded corporation with widely dispersed voting power** as set forth in 47 C.F.R. § 24.720(m). *See* 47 C.F.R. § 24.709(c)(1)(i)(A).
- \* The identity of all **affiliates** as required by 47 C.F.R. § 24.709(c)(ii)(D).
- \* The applicant's gross revenues and total assets computed in accordance with 47 C.F.R. § 24.709(a) and (b).

[3] Applicants claiming to satisfy eligibility under 47 C.F.R. § 24.709(b)(3)-(6) using a **control group** structure should submit as **Exhibit C** the following information (as applicable):

- \* The identity of each member of the applicant's **control group**, regardless of each member's total interest in the applicant, and the percentage and type of interest held by each member in the applicant (*e.g.*, voting and non-voting stock, preferred stock, warrants). 47 C.F.R. § 24.709(c)(1)(ii)(A).
- \* The citizenship and the gender or minority group classification for each member of the applicant's **control group** if the applicant is claiming status as a **business owned by members of minority groups and/or women**. 47 C.F.R. § 24.709(c)(1)(ii)(B) (See discussion below on **Exhibit D**).
- \* The status of each **control group** member that is an institutional investor, an existing investor, and/or a member of the applicant's management team. 47 C.F.R. § 24.709(c)(1)(ii)(C). *See also* 47 C.F.R. §§ 24.720.
- \* The identity of all **affiliates** as required by 47 C.F.R. § 24.709(c)(1)(ii)(D).
- \* A certification that the applicant's sole **control group** member is a **pre-existing entity**, if the applicant is making that election under 47 C.F.R. § 24.709(b)(5)(ii) or (b)(6)(ii). *See also* 47 C.F.R. § 24.720.
- \* The applicant's gross revenues and total assets computed in accordance with 47



## C.F.R. § 24.709(a) and (b).

[4] Each applicant claiming to satisfy eligibility under the **small business consortia** exception to the general rule (47 C.F.R. § 24.709(b)(1)), should submit as **Exhibit C** any applicable information in [3] above (specified in 47 C.F.R. § 24.709(c)(1)(ii)) for each member of a consortium. The term **consortium of small businesses** is defined in 47 C.F.R. § 24.720.

*Basic eligibility requirements for participation in the entrepreneurs' blocks auctions are contained in Section 24.709 of the Commission's Rules, 47 C.F.R. § 24.709. All applicants must certify under Item 9 on the Form 175 whether they are eligible to bid as entrepreneurs. Only applicants that are able to meet certain financial thresholds described in our rules are eligible to participate in the entrepreneurs' blocks auctions. 47 C.F.R. § 24.709(a). Applicants need to evaluate whether they can satisfy the financial thresholds in our rules before certifying that they are eligible to participate in the auction. Applicants must also certify under Item 9 of the Form 175 whether their gross revenues exceed \$75 million pursuant to 47 C.F.R. §§ 24.711(b), 24.720(f). This is because different installment payments are available to entrepreneurs with gross revenues that do not exceed \$75 million. The special provisions available to entrepreneurs' block applicants are specified in 47 C.F.R. § 24.711. Important definitions (such as how "affiliate" is defined) are contained in 47 C.F.R. § 24.720. A summary of the entrepreneurs' blocks eligibility requirements is provided in this Bidder Information Package at [location].*

## II. Information Required of Designated Entities

**EXHIBIT D: Status as an Eligible Designated Entity.** Attach as **Exhibit D** information, certified as truthful, concerning the applicant's status as a **small business, rural telephone company or business owned by members of minority groups and/or women** (collectively known as **designated entities**) required pursuant to 47 C.F.R. § 24.709. The definitions of these **designated entities** are specified in 47 C.F.R. § 24.720. The special provisions (such as bidding credits, installment payments, partitioning) available to **designated entities** are specified in 47 C.F.R. §§ 24.711, 24.712, 24.713, 24.714. **Designated entities** are applicants that **in addition** to qualifying as entrepreneurs fall into one of the four categories above.

[1] Applicants claiming status as a **business owned by members of minority groups and/or women** should submit information concerning the composition of its **control group** (as specified in [3] to **Exhibit C**) pursuant to 47 C.F.R. § 24.709(c)(ii)(B) that supports the claimed status. Applicants may incorporate by reference information already submitted as part of **Exhibit C**. *See also* 47 C.F.R. § 24.720(c).

[2] Applicants claiming status as a **small business** must compute gross revenues in accordance with 47 C.F.R. § 24.720(b)(1) to demonstrate status as a **small business** under

our rules.

[3] Applicants claiming status as a **rural telephone company** must certify to meeting the definition set forth in **47 C.F.R. § 24.720(e)**.

*Applicants certify that they are eligible to bid on licenses as a designated entity in Item 10 of the Form 175. Before claiming designated entity status, applicants should evaluate whether they meet the definitions and eligibility criteria set forth in our rules. 47 C.F.R. §§ 24.709, 24.720. Applicants claiming status as a minority and/or women small business need to demonstrate that they meet the definition of a small business and a business owned by members of minority groups and/or women under the rules.*

## **FCC FORM 175 CERTIFICATION AND ATTACHMENT CHECKLIST**

- Have you attached applicant identity and ownership information as Exhibit A?
- Have you attached information concerning agreements with other parties and joint bidding arrangements as Exhibit B?
- Have you attached the information that establishes the applicant's eligibility to participate in the entrepreneurs' block auction as Exhibit C?
- Have you attached the information that establishes that the applicant is a designated entity as Exhibit D?



**SECURITY HOLDERS**

| Name and Address | Type Interest | Citizenship If Alien % | Principal Place of Business (City, State) | Type of Security Held | Amount Held | Percentage Held | Held on Behalf Of Name |
|------------------|---------------|------------------------|---|-----------------------|-------------|-----------------|------------------------|
|                  |               |                        |   |                       |             |                 |                        |
|                  |               |                        |   |                       |             |                 |                        |
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**FEDERAL COMMUNICATIONS COMMISSION  
INSTRUCTIONS FOR USING FCC FORM 159 (REMITTANCE ADVICE)  
AND FCC FORM 159-C (Continuation Sheet)**

**FCC FORM 159 — FCC Remittance Advice Form**

The FCC Form 159, "Remittance Advice" is a multi-purpose form that generally accompanies (see chart below for specific instructions) any payment to the Federal Communications Commission (e.g., Regulatory Fees, Processing Fees, Fines, Forfeitures, Freedom of Information Act (FOIA) Billings, or any other debt due to the FCC). The information on this form is collected to ensure credit for full payment, to expedite any refunds due and to service public inquiries.

**What Form Do I File?**

| If you are:  | Then:  |
|--|--|
| Paying a Regulatory Fee to the Private Radio Bureau,   | You do not need to submit FCC Remittance Advice, FCC Form 159. However, you must pay your regulatory fee along with your processing fee, at the time of renewal or at the time of original license application.                                    |
| Paying a Processing Fee by money order or credit card to any FCC Bureau,   | You must submit FCC Remittance Advice, FCC Form 159.   |
| Paying a Processing Fee and paying for more than one action with a single payment,   | You must submit FCC Remittance Advice, FCC Form 159.   |
| Paying a Processing Fee for a service that does not require a specific FCC Form, (e.g. Request for Special Temporary Authority), | You must submit FCC Remittance Advice, FCC Form 159.   |
| Paying a Processing Fee to the Private Radio Bureau for a service that requires FCC Form 155,                                    | You must submit FCC Remittance Advice, FCC Form 159 instead of Form 155.   |
| Paying a Regulatory Fee to any one of the Mass Media, Common Carrier or Cable Services Bureau,                                   | You must submit FCC Remittance Advice, FCC Form 159.   |
| Paying for Fines/Forfeitures, Freedom of Information Act Fees or any other debts.  | All customers paying for any of these categories must submit a FCC Remittance Advice, FCC Form 159 and a copy of their notice or invoice to the appropriate lockbox. Please refer to the specific instructions accompanying your billing document. |
| Paying for an Auction,   | You must submit FCC Remittance Advice, FCC Form 159. Consult the FCC's Public Notice for specific instructions.  |
| Paying by wire transfer,   | You must submit FCC Remittance Advice, FCC Form 159.   |
| Paying by Western Union Quick Collect,   | You must submit FCC Remittance Advice, FCC Form 159.   |

## Specific Form Instructions

(1) **FCC Account No.** — This is a self-assigned personal identification number that consists of ten digits. You **must** use your taxpayer identification number (TIN) with a prefix of "0" (e.g., 0123456789). **Only if you do not have a TIN, you may use your ten-digit telephone number (e.g., 3012224567). There are no other options available to you to create your FCC Account No.** This number will eventually be all you will need to file an application with the FCC, so once you have determined your FCC account number you must be sure to use this same number every time you send a payment to the FCC.

(2) **Total Amount Paid** — Enter the total amount of your remittance.

(3) **Payor Name** — Enter the name of the person or company (i.e., maker of the check) responsible for payment. Enter an individual name (last, first, middle initial). If a company, enter the name which is used commercially. If paying by credit card, complete this section with the full name of the cardholder.

(4) **Street Address (Line 1)** — The street address or post office box number to which correspondence should be sent.

(5) **Street Address (Line 2)** — This line may be used if further identification of the address is required.

(6) **City** — The name of the city associated with the street address given in (4).

(7) **State** — If the payor has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the payor has a mailing address outside the United States, leave this section blank.

(8) **ZIP Code** — Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code.

(9) **Daytime Telephone Number** — Enter the payor's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. [For example a United Kingdom number would have the prefix (011-44) followed by the number within the UK.] This daytime telephone number should tell us where you can be reached during normal business hours if necessary. If we cannot reach you at this number during normal business hours to resolve a problem, your filing may be returned.

(10) **Country Code** — This section is for those payors who have an address outside the United States of America. Enter the appropriate code here. To obtain country code information contact the Mailing Requirements Dept. of the U.S. Postal Service.

### **Read this before proceeding — IT MAY SAVE YOU TIME**

If the Applicant, Licensee, Regulatee or Debtor is the same as the Payor, it is not necessary to reenter your name and address in blocks 11, 13, 19, 20, & 21. However, you must complete all information in blocks 12, 14, 15, & 16. (FCC codes in blocks 17 & 18 will only be completed in special circumstances as described in a Public Notice or in your Fee Filing Guide).

(11) **Name of Applicant, Licensee, Regulatee or Debtor** — Enter the name (last, first, middle initial) as it appears on the original application or filing being submitted. If this is a company, enter name which is used commercially. Each unique applicant, licensee, regulatee or debtor must be listed separately if multiple applications or filings are submitted. If this name is the same as the payor, (block 3), it is not necessary to fill out this section.

(12) **FCC Call Sign/Other Identifier** — Enter an applicable call sign or unique FCC identifier, if any, as prescribed by the appropriate FCC Fee Filing Guide or Public Notice that applies to you.

(13) **ZIP Code** — It is not necessary to complete this section if the Payor, (block 3), is the same as the Applicant, Licensee, Regulatee or Debtor, (block 11). Enter the five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate country code here.

(14) **Payment Type Code** — This section tells us what you are paying for. Beginning with the first box, enter the correct 3 or 4 character alphabetic Payment Type Code. This code can be found in the FCC Fee Filing Guide or Public Notice appropriate to your payment. **Incorrect Payment Type Codes may result in your application or filing, if applicable, being returned to you without further processing.** You are allowed to file multiple actions. There are three ways "multiple actions" are defined. The following examples provide instructions on how multiple actions should be filed when using FCC Forms 159 & 159-C:

(i) If a single service allows for a quantity of more than one of the same action, as defined in the appropriate Fee Filing Guide or Public Notice, complete only blocks 12, 13, 14, 15 & 16. Only



enter your name and address if different than "Payor Name" (block 3). Blocks 17 & 18 are only to be completed when required by Public Notice.

(ii) If you are filing concurrent actions (not the same actions) in the same lockbox, on the same application, refer to the Fee Filing Guide or Public Notice for specific instructions as to the number of quantities allowed. Complete only blocks 12, 13, 14, 15, & 16. Complete a separate "Item Information" section for each additional action required. Only enter your name and address if different than the "Payor Name" (block 3). Blocks 17 & 18 are only to be completed when required by public notice.

(iii) If a single Remittance Advice is used to pay for more than one applicant, licensee, regulatee or debtor, and action to the same lockbox, then a separate "Item Information" section must be completed for each one. For each "Item Information" section all blocks must be completed, except Blocks 17 & 18 which are only to be completed when required by Public Notice. **Remember, if any of these applications fall into category (i) or (ii) above, you must follow those instructions as well.**

(15) **Quantity** — Enter the number of actions required with this submission. Refer to the FCC Fee Filing Guide or Public Notice for information concerning multiple requests.

(16) **Amount Due** — Enter the amount of the fee required for the Payment Type Code used in (14) above.

(17) **FCC Code 1** — This section is used for special filing codes as required by the Bureau/Office

you are filing your application with. Applicant will receive specific instructions from the Bureau/Office if this block is to be used. Do not complete this block unless instructed to do so.

(18) **FCC Code 2** — (See instructions for item 17).

(19, 20, 21) **Address** — If the same as Payor address, in blocks (4) and (5), leave blank. If multiple payment codes have been used for the same Applicant, Licensee, Regulatee or Debtor, only fill out this section one time. If different from Payor Address, in blocks (4) and (5), complete these lines with the appropriate street address.

(22) **Credit Card Data** — If remitting payment by credit card place an "x" in the appropriate block for the type of credit card being used — MasterCard or Visa only. Enter your credit card number and expiration date. **If any area required for credit card approval is incomplete, the application will be returned unprocessed.**

(23) **Authorized Signature** — Sign and date the Remittance Advice Form to authorize all credit card payments. **The action will not be processed if it is not signed and dated here.**

**FCC Remittance Advice Continuation Sheet (FCC Form 159-C)** — Use this form for any additional services pertaining to this filing.

**Checks must be denominated in U.S. currency and deposited in a U.S. financial institution. No checks drawn on a foreign bank will be accepted.**

### Where Do I File?

| If you are paying a:             | Then:   |
|----------------------------------|---|
| Regulatory Fee or Processing Fee | Consult the specific FCC Bureau Fee Filing Guide (i.e., Common Carrier Bureau Fee Filing Guide, Private Radio Bureau Fee Filing Guide, Mass Media Bureau Fee Filing Guide, Cable Services Bureau Fee Filing Guide, Field Operations Bureau Fee Filing Guide, Office of Engineering and Technology Fee Filing Guide) |
| Fine or Forfeiture               | Pay to the address designated on the notice or invoice you received   |
| Freedom of Information Act Fee   | Pay to the address designated on the invoice you received   |
| Other Debts                      | Pay to the address designated in the correspondence you received  |

Note: Fee Filing Guides can be obtained by calling Forms Distribution — 202/632-FORM



FEDERAL COMMUNICATIONS COMMISSION  
**FCC REMITTANCE ADVICE**

Approved by OMB  
 3060-0589  
 Expires 2/28/97

PAGE NO. 1 OF \_\_\_\_\_

(RESERVED)

SPECIAL USE

FCC USE ONLY

(Read instructions carefully BEFORE proceeding.)

**PAYOR INFORMATION**

|                        |  |   |
|------------------------|--|---|
| (1) FCC ACCOUNT NUMBER | Did you have a number prior to this? Enter it. | (2) TOTAL AMOUNT PAID (dollars and cents) |
|                        |  | \$ .                                      |

(3) PAYOR NAME (If paying by credit card, enter name exactly as it appears on your card)

(4) STREET ADDRESS LINE NO. 1

(5) STREET ADDRESS LINE NO. 2

(6) CITY

(7) STATE

(8) ZIP CODE

(9) DAYTIME TELEPHONE NUMBER (Include area code)

(10) COUNTRY CODE (if not U.S.A.)

**ITEM #1 INFORMATION**

|   |                          |                                  |                |   |
|---|--------------------------|----------------------------------|----------------|---|
| (11A) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR |                          |                                  | FCC USE ONLY   |   |
| (12A) FCC CALL SIGN/OTHER ID                            | (13A) ZIP CODE           | (14A) PAYMENT TYPE CODE          | (15A) QUANTITY | (16A) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14 |
|   |                          |                                  |                | \$  |
| (17A) FCC CODE 1  |                          | (18A) FCC CODE 2                 |                |   |
| (19A) ADDRESS LINE NO. 1                                | (20A) ADDRESS LINE NO. 2 | (21A) CITY/STATE OR COUNTRY CODE |                |   |

**ITEM #2 INFORMATION**

|   |                          |                                  |                |   |
|---|--------------------------|----------------------------------|----------------|---|
| (11B) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR |                          |                                  | FCC USE ONLY   |   |
| (12B) FCC CALL SIGN/OTHER ID                            | (13B) ZIP CODE           | (14B) PAYMENT TYPE CODE          | (15B) QUANTITY | (16B) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14 |
|   |                          |                                  |                | \$  |
| (17B) FCC CODE 1  |                          | (18B) FCC CODE 2                 |                |   |
| (19B) ADDRESS LINE NO. 1                                | (20B) ADDRESS LINE NO. 2 | (21B) CITY/STATE OR COUNTRY CODE |                |   |

**CREDIT CARD PAYMENT INFORMATION**

(22) MASTERCARD/VISA ACCOUNT NUMBER:

Mastercard     Visa

EXPIRATION DATE:        

Month    Year

(23) I hereby authorize the FCC to charge my VISA or Mastercard for the service(s)/authorization(s) herein describe.

AUTHORIZED SIGNATURE    DATE

See public burden estimate on reverse.

FCC FORM 159  
 April 1994

**NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK  
REDUCTION ACT**

Section 9 of the Communications Act authorizes the FCC to request the information on this form. The information requested is required to recover costs incurred in carrying out its enforcement activities, policy and rulemaking activities, user information services, and international activities. The form will be used primarily to capture paper information in order to speed the refund process and maintain required accounts receivable information. It will also be used to collect fines and debts due the Commission.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Division, AMD-PIRS, Washington, DC 20554, and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Paperwork Reduction Project (3060-0589), Washington, DC 20503.

# ADVICE (CONTINUATION SHEET)

PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_

| ITEM # _____ INFORMATION |   |                     |                            |                               |
|--------------------------|---|---------------------|----------------------------|-------------------------------|
| FCC ACCOUNT #            | NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR | FCC USE ONLY        |                            |                               |
| _____                    | _____   | _____               |                            |                               |
| FCC CALL SIGN/OTHER ID   | ZIP CODE  | PAYMENT TYPE CODE   | QUANTITY                   | FEE DUE FOR PAYMENT TYPE CODE |
| _____                    | _____   | _____               | _____                      | \$ _____                      |
| FCC CODE 1               |   | FCC CODE 2          |                            |                               |
| ADDRESS LINE NO. 1       |   | ADDRESS LINE NO. 2) | CITY/STATE OR COUNTRY CODE |                               |
| _____                    | _____   | _____               |                            |                               |
| ITEM # _____ INFORMATION |   |                     |                            |                               |
| FCC ACCOUNT #            | NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR | FCC USE ONLY        |                            |                               |
| _____                    | _____   | _____               |                            |                               |
| FCC CALL SIGN/OTHER ID   | ZIP CODE  | PAYMENT TYPE CODE   | QUANTITY                   | FEE DUE FOR PAYMENT TYPE CODE |
| _____                    | _____   | _____               | _____                      | \$ _____                      |
| FCC CODE 1               |   | FCC CODE 2          |                            |                               |
| ADDRESS LINE NO. 1       |   | ADDRESS LINE NO. 2) | CITY/STATE OR COUNTRY CODE |                               |
| _____                    | _____   | _____               |                            |                               |
| ITEM # _____ INFORMATION |   |                     |                            |                               |
| FCC ACCOUNT #            | NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR | FCC USE ONLY        |                            |                               |
| _____                    | _____   | _____               |                            |                               |
| FCC CALL SIGN/OTHER ID   | ZIP CODE  | PAYMENT TYPE CODE   | QUANTITY                   | FEE DUE FOR PAYMENT TYPE CODE |
| _____                    | _____   | _____               | _____                      | \$ _____                      |
| FCC CODE 1               |   | FCC CODE 2          |                            |                               |
| ADDRESS LINE NO. 1       |   | ADDRESS LINE NO. 2) | CITY/STATE OR COUNTRY CODE |                               |
| _____                    | _____   | _____               |                            |                               |
| ITEM # _____ INFORMATION |   |                     |                            |                               |
| FCC ACCOUNT #            | NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR | FCC USE ONLY        |                            |                               |
| _____                    | _____   | _____               |                            |                               |
| FCC CALL SIGN/OTHER ID   | ZIP CODE  | PAYMENT TYPE CODE   | QUANTITY                   | FEE DUE FOR PAYMENT TYPE CODE |
| _____                    | _____   | _____               | _____                      | \$ _____                      |
| FCC CODE 1               |   | FCC CODE 2          |                            |                               |
| ADDRESS LINE NO. 1       |   | ADDRESS LINE NO. 2) | CITY/STATE OR COUNTRY CODE |                               |
| _____                    | _____   | _____               |                            |                               |



**FEDERAL COMMUNICATIONS COMMISSION  
BTA BROADBAND PCS AUCTION**

**AUCTION SPECIFIC INSTRUCTIONS  
FCC REMITTANCE ADVICE, FCC FORM 159**

**UPFRONT PAYMENTS**

The following instructions are specifically written for the Block C PCS Broadband auction, number "5". These instructions are intended as a supplement to the standard instructions (provided in the front of this tab) issued by the FCC's Billings and Collections Branch, at telephone (202) 418 - 1995. Bidder's should ensure that they complete the FCC Form 159 accurately, since mistakes may affect their bidding eligibility. Please note that it is vital that all forms, applications, correspondence, etc. submitted to the Commission by an applicant contain identical information necessary for verification purposes. To this end, appropriate references between the FCC Form 159 Remittance Advice and the FCC Form 175 Short Form Application have been provided below:

| <u>Block Number</u> | <u>Required Information</u>   |
|---------------------|---|
| 1                   | <u>FCC Account Number</u> - Same as FCC Form 175, block "7". This is a self-assigned ten-digit personal identification number. If you have a taxpayer identification number (TIN), you "must" add a zero (0) prefix and place number here (i.e."0"123456789). If you do not have a TIN you may use your current ten-digit telephone number (including area code - i.e. 214 335 3456). |
| 2                   | <u>Total Amount Paid</u> - Enter the total remittance based on the payment of \$0.015 times 30 MHz times total BTA(s) population (i.e. upfront payment on 3 BTA markets with a total population of 2,569,562 users is \$0.015 x 30 x 2,569,562 or <u>\$1,156,303</u> (round up to nearest dollar).  |
| 3                   | <u>Payor Name</u> - Same as FCC Form 175, block "1". Enter the full name of the person or company (i.e. maker of the check) responsible for payment.  |
| 4                   | <u>Street Address (Line 1)</u> - Same as FCC Form 175, block "2". The street address or post office number to which correspondence should be sent.  |
| 5                   | <u>Street Address (Line 2)</u> - Same as FCC Form 175, block "2". This line   |

may be used if further identification of the address is required.

- 6            City - Same as FCC Form 175, block "3". The name of the city associated with the street address given in block (4).
- 7            State - Same as FCC Form 175, block "4". Enter the appropriate two-digit abbreviation here.
- 8            Zip Code - Same as FCC Form 175, block "5". Enter the appropriate five or nine-digit code here.
- 9            Daytime Telephone Number - Same as FCC Form 175, lower right hand corner of the page. Enter the "payor's" ten-digit telephone number here.
- 10           Country Code - Used for payors who have addresses outside the U.S. Proper codes may be obtained from the Mailing Requirements Dept. of the U.S. Postal Service.

**NOTE - IF APPLICANT, LICENSEE, REGULATEE OR DEBTOR IS THE SAME AS THE PAYOR, DO NOT COMPLETE BLOCKS 11, 13, 18, 19, 20, & 21. THIS AUCTION DOES NOT INVOLVE MULTIPLE APPLICATIONS OR FILINGS, SO WE ARE ONLY CONCERNED WITH THE REMAINING BLOCKS 12A, 14A, 15A, 16A & 17A.**

**ITEM # "1" INFORMATION**

- 12A           FCC Call Sign/Other Identifier - Leave blank.
- 14A           Payment Type Code - Enter " A W H U ".
- 15A           Quantity - Enter the number "1".
- 16A           Amount Due - Enter total upfront payment indicated in block (2).
- 17A           FCC Code 1 - Enter the number "5".

**NOTE - IN THE UPPER LEFT HAND CORNER OF THE FCC FORM 159 IS A RECTANGLE WITH THE WORD "(RESERVED)" TYPED IN THE MIDDLE OF IT. PLEASE ENTER THE NUMBER "358850" SOMEWHERE IN THIS RECTANGLE.**



FEDERAL COMMUNICATIONS COMMISSION  
**FCC REMITTANCE ADVICE**

Approved by OMB  
 3060-0589  
 Expires 2/28/97

PAGE NO. 1 OF 1

(RESERVED)

"358850"

SPECIAL USE

FCC USE ONLY

**EXAMPLE - UPFRONT PAYMENT**

(Read instructions carefully BEFORE proceeding.)

**PAYOR INFORMATION**

|                                       |  |   |
|---------------------------------------|--|---|
| (1) FCC ACCOUNT NUMBER                | Did you have a number prior to this? Enter it. | (2) TOTAL AMOUNT PAID (dollars and cents) |
| 0   1   2   3   4   5   6   7   8   9 |  | \$ 1,156,303.00                           |

(3) PAYOR NAME (If paying by credit card, enter name exactly as it appears on your card)

XYZ Company, Inc.

(4) STREET ADDRESS LINE NO. 1  
 123 Auction Road

(5) STREET ADDRESS LINE NO. 2  
 N/A

|                        |                   |                       |
|------------------------|-------------------|-----------------------|
| (6) CITY<br>Washington | (7) STATE<br>D.C. | (8) ZIP CODE<br>00000 |
|------------------------|-------------------|-----------------------|

|  |  |
|--|--|
| (9) DAYTIME TELEPHONE NUMBER (Include area code)<br>(714) 123-4567 | (10) COUNTRY CODE (if not U.S.A.)<br>N/A |
|--|--|

**ITEM #1 INFORMATION**

|  |              |
|--|--------------|
| (11A) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR<br>Same as Above | FCC USE ONLY |
|--|--------------|

|                              |                |  |                       |  |
|------------------------------|----------------|--|-----------------------|--|
| (12A) FCC CALL SIGN/OTHER ID | (13A) ZIP CODE | (14A) PAYMENT TYPE CODE<br>A   W   H   U | (15A) QUANTITY<br>"1" | (16A) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14<br>\$ 1,156,303.00 |
|------------------------------|----------------|--|-----------------------|--|

|                         |                  |
|-------------------------|------------------|
| (17A) FCC CODE 1<br>"5" | (18A) FCC CODE 2 |
|-------------------------|------------------|

|                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| (19A) ADDRESS LINE NO. 1 | (20A) ADDRESS LINE NO. 2 | (21A) CITY/STATE OR COUNTRY CODE |
|--------------------------|--------------------------|----------------------------------|

**ITEM #2 INFORMATION**

|   |              |
|---|--------------|
| (11B) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR | FCC USE ONLY |
|---|--------------|

|                              |                |                         |                |   |
|------------------------------|----------------|-------------------------|----------------|---|
| (12B) FCC CALL SIGN/OTHER ID | (13B) ZIP CODE | (14B) PAYMENT TYPE CODE | (15B) QUANTITY | (16B) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14<br>\$ |
|------------------------------|----------------|-------------------------|----------------|---|

|                  |                  |
|------------------|------------------|
| (17B) FCC CODE 1 | (18B) FCC CODE 2 |
|------------------|------------------|

|                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| (19B) ADDRESS LINE NO. 1 | (20B) ADDRESS LINE NO. 2 | (21B) CITY/STATE OR COUNTRY CODE |
|--------------------------|--------------------------|----------------------------------|

**CREDIT CARD PAYMENT INFORMATION**

(22) MASTERCARD/VISA ACCOUNT NUMBER:

Mastercard  Visa

EXPIRATION DATE:   /

Month Year

(23) I hereby authorize the FCC to charge my VISA or Mastercard for the service(s)/authorization(s) herein describe.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

See public burden estimate on reverse.



**FEDERAL COMMUNICATIONS COMMISSION  
BTA BROADBAND PCS AUCTION**

**AUCTION SPECIFIC INSTRUCTIONS  
FCC REMITTANCE ADVICE, FCC FORM 159**

**DOWN PAYMENTS**

The following instructions are specifically written for the Block C PCS Broadband auction, number "5". These instructions are intended as a supplement to the standard instructions (provided in the front of this tab) issued by the FCC's Billings and Collections Branch, at telephone (202) 418 - 1995. Bidders should ensure that they complete the FCC Form 159 accurately, since mistakes may affect their bidding eligibility. These instructions and the corresponding formula (see Attachment A) for calculating pro rata amounts for each individual market won through the auction may be used for the down payment submission with the FCC Form 159, and, if appropriate, the FCC Form 159-C (Continuation Sheets). Please note that it is vital that all forms, applications, correspondence, etc. submitted to the Commission contain identical information necessary for verification purposes. To ensure accurate and consistent information, we refer to information submitted on the FCC Form 175 when it is to be used again on the FCC Form 159. References between the FCC Form 159 Remittance Advice and the FCC Form 175 Short Form Application have been provided below:

| <u>Block Number</u> | <u>Required Information</u>   |
|---------------------|---|
| 1                   | <u>FCC Account Number</u> - Same as FCC Form 175, block "7". This is a self-assigned ten-digit personal identification number. If you have a taxpayer identification number(TIN), you "must" add a zero (0) prefix and enter that number here, i.e. "0"123456789). If you do not have a TIN you may use your current ten-digit telephone number (including area code - i.e. 214 335 3456).  |
| 2                   | <u>Total Amount Paid</u> - Enter the total remittance based on:<br>Down Payments - Using the formula presented in Attachment A, calculate the initial 5 percent (less bidding credits and upfront payments) due to the Commission within 5 business days after close of the auction on <u>all</u> BTA licenses won and enter that total amount here. The remaining 5 percent down payment is due to the Commission 5 business days after the FCC Form 600 application for the license is granted. Winning bidders should use the formula presented in Attachment A (less bidding credits) to calculate the total due on all BTA licenses won and enter total amount here. |

- 3            Payor Name - Same as FCC Form 175, block "1". Enter the full name of the person or company (i.e. maker of the check) responsible for payment.
- 4            Street Address (Line 1) - Same as FCC Form 175, block "2". The street address or post office number to which correspondence should be sent.
- 5            Street Address (Line 2) - Same as FCC Form 175, block "2". This line may be used if further identification of the address is required. .
- 6            City - Same as FCC Form 175, block "3". The name of the city associated with the street address given in block (4).
- 7            State - Same as FCC Form 175, block "4". Enter the appropriate two-digit abbreviation here.
- 8            Zip Code - Same as FCC Form 175, block "5". Enter the appropriate five or nine-digit code here.
- 9            Daytime Telephone Number - Same as FCC Form 175, lower right hand corner of the page. Enter the "payor's" ten-digit telephone number here.
- 10          Country Code - Used for payors who have addresses outside the U.S.A. Proper codes may be obtained from the Mailing Requirements Dept. of the U.S. Postal Service.

**NOTE: IF APPLICANT, LICENSEE, REGULATEE OR DEBTOR IS THE SAME AS THE PAYOR, DO NOT COMPLETE BLOCKS 11, 13, 19, 20, & 21. THIS AUCTION DOES NOT INVOLVE MULTIPLE APPLICATIONS OR FILINGS, SO WE ARE ONLY CONCERNED WITH THE REMAINING BLOCKS 12, 14, 15, 16, 17 & 18.**

**ITEM # "XX" INFORMATION\***

- 12          FCC Call Sign/Other Identifier - Starting with "Item # 01" and continuing for "each" individual BTA license won through the auction, enter each Market No., as described on the "Summary of Licenses to be Auctioned" listed in the Introduction of this Bidder's Information Package. Example - if a bidder won three licenses, under Item # 1 enter "B023" for Denver, CO., under Item # 2 enter "B169" for Fort Smith, AR, and under Item # 3 enter "B224" for Odessa, TX. Bidders will need to use the FCC Forms 159-C if they win more than two (2) licenses.
- 14          Payment Type Code - For "Down Payments" enter "A W H D".

- 15            Quantity - Enter the number "1".
- 16            Amount Due - Enter each individual BTA market's pro rata share based on:  
Down Payment - As calculated using the formula presented in Attachment A.
- 17            FCC Code 1 - Enter the number "5".
- 18            FCC Code 2 - Enter the individual BTA license number here (see Tab B of the Bidder's Information Package. Enter the corresponding license number indicated in the third column of the Summary of Licenses to be Auctioned in this block).

**NOTE: IN THE UPPER LEFT HAND CORNER OF THE FCC FORM 159 & 159-C IS A RECTANGLE WITH THE WORD "(RESERVED)" TYPED IN THE MIDDLE OF IT. PLEASE ENTER THE NUMBER "358850" SOMEWHERE IN THIS RECTANGLE.**

\* - Note:        The notation "XX" indicates the number of licenses won at the auction and "must" correspond to the number of markets indicated on the FCC Form 159. Example; if a bidder wins ten licenses, they will provide ten markets in Item "1" through Item "10" on the FCC Form 159 and 159 - C's. Please note that after "Item 2" on the FCC Form 159, the bidders will have to continue numbering the "Items" on the FCC Forms 159 - C until all markets are included.



**FEDERAL COMMUNICATIONS COMMISSION  
BTA BROADBAND PCS AUCTION**

**ATTACHMENT A**

**PRO RATA CALCULATIONS FOR DOWN PAYMENTS**

In order to accurately complete the FCC Form 159 and/or 159 - C's, bidders who win more than one license must calculate the pro rata portions of total payments due to the Commission, and assign these amounts to the individual BTA markets won at auction. This attachment will offer the bidder a "guide" to follow in completing the down payment functions when submitting the FCC Form 159/159-C. In order to simplify the process, the following hypothetical example will be used:

**BACKGROUND DATA**

The XYZ Company, Inc. is a qualified small business Designated Entity, and is entitled to a ten percent (10%) bidding credit on any license obtained (winning bidders are reminded to review the Commission's Rules to determine the appropriate bidding credits available to them). XYZ Co. has won three (3) BTA PCS licenses; "B023" - Denver, CO, "B169" - Fort Smith, AR and "B224" - Odessa, TX.

**Step 1** List all individual BTA markets won showing the winning bids and determine what percent of the total money bid and owed on each individual market represents of the total amount bid at the auction:

| <u>(1)</u><br><u>Market No.</u> | <u>(2)</u><br><u>Winning Bids</u> | <u>(3)</u><br><u>Percent of Total Dollars Owed</u> |
|---------------------------------|-----------------------------------|--|
| B023                            | \$15,000,000                      | 50%  |
| B169                            | \$ 9,000,000                      | 30%  |
| B224                            | \$ 6,000,000                      | 20%  |
| Totals                          | <u>\$30,000,000</u>               | 100%   |

**Step 2** Calculate the "net winning bids" by reducing the winning bids (column 2) by the applicable bidder's discount as defined in the FCC Rules. In this example, a bidder's credit of 10% was authorized:

| (1)<br><u>Market No.</u> | (2)<br><u>Winning Bids</u> | (4)<br><u>Bidder's Credit</u> | (5)<br><u>Net Winning Bids</u> |
|--------------------------|----------------------------|-------------------------------|--------------------------------|
| B023                     | \$15,000,000               | \$1,500,000                   | \$13,500,000                   |
| B169                     | \$ 9,000,000               | \$ 900,000                    | \$ 8,100,000                   |
| B224                     | <u>\$ 6,000,000</u>        | <u>\$ 600,000</u>             | <u>\$ 5,400,000</u>            |
| Totals                   | \$30,000,000               | \$3,000,000                   | \$27,000,000                   |

**Step 3** Calculate the pro rata upfront payment amounts for each individual BTA license (Note that this figure is **not necessarily** the same as the upfront payment amount required in the "Summary of Licenses to be Auction" found in this Bidder Package and listed as column 6 for information purposes. It is conceivable that a company deposited upfront payments far in excess of that which would be required on the licenses they actually won. In that case, the winning bidder should use the actual figure of deposited upfront payments and multiply the percentage factors from column 3 in order to get correct pro rata figures indicated in column 7)).

| (1)<br><u>Market No.</u> | (6)<br><u>Deposited Upfront Payments</u>          |
|--------------------------|---|
| B023                     | \$ 933,279  |
| B169                     | \$ 126,985  |
| B224                     | <u>\$ 96,039</u>                                  |
| Totals                   | \$1,156,303                                       |
| B023 .50 x               | \$1,156,303 = <sup>(7)</sup> <u>\$ 578,151.50</u> |
| B169 .30 x               | \$1,156,303 = <u>\$ 346,890.90</u>                |
| B224 .20 x               | \$1,156,303 = <u>\$ 231,260.60</u>                |
| Totals                   | \$1,156,303.00                                    |

(a) **Initial 5% Down Payments:**

**Step 4** Multiple the total "net winning bids" (column 5) by 5%:  
\$27,000,000 x .05 = \$1,350,000

**Step 5** Subtract the "total upfront payments" (either column 6 or 7) from the amount calculated in "Step 4":



$$\$1,350,000 - \$1,156,303 = \underline{\$ 193,697}$$

Enter this amount in block 2, "Total Amount Paid" of the FCC Form 159.

**Step 6** Next, calculate the individual BTA market's pro rata share of the initial 5% down payment. To do this, apply the percentages listed in column 3 by the figure resulting from "Step 5":

|        |           |   |     |   |                            |
|--------|-----------|---|-----|---|----------------------------|
| B023   | \$193,697 | x | .50 | = | (8)<br><u>\$ 96,848.50</u> |
| B169   | \$193,697 | x | .30 | = | <u>\$ 58,109.10</u>        |
| B224   | \$193,697 | x | .20 | = | <u>\$ 38,739.40</u>        |
| Totals |           |   |     |   | \$ 193,697.00              |

Enter the individual BTA market amounts (from column 8) in the corresponding blocks 16, "Amount Due" for each market identified in block 12, "FCC Call Sign/Other Identifier" on the FCC Form 159 and/or 159 - C (See example marked "Down Payment - Initial 5%" for clarification).

**NOTE - If your upfront payment deposit exceed 5% (and/or 10%) of your net winning bids, no additional funds are due to the Commission at this time.**

**(b) Remaining 5% Down Payment:**

**Step 7** This is the same as the base calculation performed in "step 4" above... "net winning bids" (column 5) times 5%:

$$\$27,000,000 \times .05 = \underline{\$1,350,000}$$

Enter this amount in block 2, "Total Amount Paid" of the FCC Form 159.

**Step 8** Multiply the total 5% down payment to be paid (from "Step 7" above) by the percentage due on each market (column 3) . These are the remaining down payments due for each BTA market:

|        |             |   |     |   |                          |
|--------|-------------|---|-----|---|--------------------------|
| B023   | \$1,350,000 | x | .50 | = | (9)<br><u>\$ 675,000</u> |
| B169   | \$1,350,000 | x | .30 | = | <u>\$ 405,000</u>        |
| B224   | \$1,350,000 | x | .20 | = | <u>\$ 270,000</u>        |
| Totals |             |   |     |   | \$1,350,000              |

Enter the individual BTA license amounts calculated in column 9 into the corresponding blocks "16", "Amount Due". Be sure to associate the right amount to the proper market indicated in block "12", "FCC Call Sign/Other Identifier" (See attached example marked "Down Payment - Remaining 5% " for clarification). If your initial upfront payments exceeded the initial 5% Down Payment, be sure to subtract this excess amount held by the Commission, from the amount calculated in "Step 7" before proceeding to "Step 8".

**NOTE - As previously stated, if your deposited upfront payments exceed 10% of your net winning bids, no additional funds are due to the Commission. Also, any high bidder who defaults by failing to remit the required down payment(s) within the prescribed time or is disqualified after bidding is declared closed will be subject to the penalties described in Section 24.704(a)(2) of the Commission's rules, 47 C.F.R. Section 24.704(a)(2). In addition, if a default or disqualification involves gross misconduct, misrepresentation or bad faith by an applicant, the Commission may declare the applicant and its principals ineligible to bid in future auctions, and may take any other action that it deems necessary, including institution of proceedings to revoke any existing licenses held by the applicant. See Second Report and Order at paragraph 198.**

FEDERAL COMMUNICATIONS COMMISSION  
**FCC REMITTANCE ADVICE**

Approved by OMB  
 3060-0589  
 Expires 2/28/97

PAGE NO. 1 OF 2

(RESERVED)

"358850"

SPECIAL USE

FCC USE ONLY

**EXAMPLE - DOWN PAYMENT - INITIAL 5%**

(Read instructions carefully BEFORE proceeding.)

**PAYOR INFORMATION**

|   |  |  |
|---|--|--|
| (1) FCC ACCOUNT NUMBER<br>0   1   2   3   4   5   6   7   8   9 | Did you have a number prior to this? Enter it. | (2) TOTAL AMOUNT PAID (dollars and cents)<br>\$ 193,697.00 |
|---|--|--|

(3) PAYOR NAME (If paying by credit card, enter name exactly as it appears on your card)

XYZ Company, Inc.

(4) STREET ADDRESS LINE NO. 1  
123 Auction Road

(5) STREET ADDRESS LINE NO. 2  
N/A

|                         |                   |                        |
|-------------------------|-------------------|------------------------|
| (6) CITY<br>Washington, | (7) STATE<br>D.C. | (8) ZIP CODE<br>000000 |
|-------------------------|-------------------|------------------------|

|  |  |
|--|--|
| (9) DAYTIME TELEPHONE NUMBER (Include area code)<br>(714) 123-4567 | (10) COUNTRY CODE (if not U.S.A.)<br>N/A |
|--|--|

**ITEM #1 INFORMATION**

|  |              |
|--|--------------|
| (11A) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR<br>Same as Above | FCC USE ONLY |
|--|--------------|

|                                      |                |  |                       |   |
|--------------------------------------|----------------|--|-----------------------|---|
| (12A) FCC CALL SIGN/OTHER ID<br>B023 | (13A) ZIP CODE | (14A) PAYMENT TYPE CODE<br>A   W   H   D | (15A) QUANTITY<br>"1" | (16A) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14<br>\$ 96,848.50 |
|--------------------------------------|----------------|--|-----------------------|---|

|                         |   |
|-------------------------|---|
| (17A) FCC CODE 1<br>"5" | (18A) FCC CODE 2<br>(see tab B and)<br>fill in appropriate license number |
|-------------------------|---|

|                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| (19A) ADDRESS LINE NO. 1 | (20A) ADDRESS LINE NO. 2 | (21A) CITY/STATE OR COUNTRY CODE |
|--------------------------|--------------------------|----------------------------------|

**ITEM #2 INFORMATION**

|  |              |
|--|--------------|
| (11B) NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR<br>Same as above | FCC USE ONLY |
|--|--------------|

|                                      |                |  |                       |   |
|--------------------------------------|----------------|--|-----------------------|---|
| (12B) FCC CALL SIGN/OTHER ID<br>B169 | (13B) ZIP CODE | (14B) PAYMENT TYPE CODE<br>A   W   H   D | (15B) QUANTITY<br>"1" | (16B) FEE DUE FOR PAYMENT TYPE CODE IN BLOCK 14<br>\$ 58,109.10 |
|--------------------------------------|----------------|--|-----------------------|---|

|                  |   |
|------------------|---|
| (17B) FCC CODE 1 | (18B) FCC CODE 2<br>(see tab B and)<br>fill in appropriate license number |
|------------------|---|

|                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| (19B) ADDRESS LINE NO. 1 | (20B) ADDRESS LINE NO. 2 | (21B) CITY/STATE OR COUNTRY CODE |
|--------------------------|--------------------------|----------------------------------|

**CREDIT CARD PAYMENT INFORMATION**

(22) MASTERCARD/VISA ACCOUNT NUMBER:

Mastercard  Visa

EXPIRATION DATE:   /

Month Year

(23) I hereby authorize the FCC to charge my VISA or Mastercard for the service(s)/authorization(s) herein describe.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

See public burden estimate on reverse.



# ADVICE (CONTINUATION SHEET)

PAGE NO. 2 OF 2

| ITEM # <u>3</u> INFORMATION           |  |   |                          |                            |              |                               |
|---------------------------------------|--|---|--------------------------|----------------------------|--------------|-------------------------------|
| FCC ACCOUNT #                         |  | NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR |                          |                            | FCC USE ONLY |                               |
| 0   1   2   3   4   5   6   7   8   9 |  | Same as above                                     |                          |                            |              |                               |
| FCC CALL SIGN/OTHER ID                |  | ZIP CODE  | PAYMENT TYPE CODE        |                            | QUANTITY     | FEE DUE FOR PAYMENT TYPE CODE |
| B224                                  |  |   | A                        | W                          | H            | D                             |
|                                       |  |   |                          |                            | "1"          | \$ 38,739.40                  |
| FCC CODE 1                            |  |   | FCC CODE 2               |                            |              |                               |
| "5"                                   |  |   | (Place License No. Here) |                            |              |                               |
| ADDRESS LINE NO. 1                    |  | ADDRESS LINE NO. 2)                               |                          | CITY/STATE OR COUNTRY CODE |              |                               |

| ITEM # <u>3</u> INFORMATION |  |   |                   |                            |              |                               |
|-----------------------------|--|---|-------------------|----------------------------|--------------|-------------------------------|
| FCC ACCOUNT #               |  | NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR |                   |                            | FCC USE ONLY |                               |
|                             |  |   |                   |                            |              |                               |
| FCC CALL SIGN/OTHER ID      |  | ZIP CODE  | PAYMENT TYPE CODE |                            | QUANTITY     | FEE DUE FOR PAYMENT TYPE CODE |
|                             |  |   |                   |                            |              | \$                            |
| FCC CODE 1                  |  |   | FCC CODE 2        |                            |              |                               |
| ADDRESS LINE NO. 1          |  | ADDRESS LINE NO. 2)                               |                   | CITY/STATE OR COUNTRY CODE |              |                               |

| ITEM # <u>3</u> INFORMATION |  |   |                   |                            |              |                               |
|-----------------------------|--|---|-------------------|----------------------------|--------------|-------------------------------|
| FCC ACCOUNT #               |  | NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR |                   |                            | FCC USE ONLY |                               |
|                             |  |   |                   |                            |              |                               |
| FCC CALL SIGN/OTHER ID      |  | ZIP CODE  | PAYMENT TYPE CODE |                            | QUANTITY     | FEE DUE FOR PAYMENT TYPE CODE |
|                             |  |   |                   |                            |              | \$                            |
| FCC CODE 1                  |  |   | FCC CODE 2        |                            |              |                               |
| ADDRESS LINE NO. 1          |  | ADDRESS LINE NO. 2)                               |                   | CITY/STATE OR COUNTRY CODE |              |                               |

| ITEM # <u>3</u> INFORMATION |  |   |                   |                            |              |                               |
|-----------------------------|--|---|-------------------|----------------------------|--------------|-------------------------------|
| FCC ACCOUNT #               |  | NAME OF APPLICANT, LICENSEE, REGULATEE, OR DEBTOR |                   |                            | FCC USE ONLY |                               |
|                             |  |   |                   |                            |              |                               |
| FCC CALL SIGN/OTHER ID      |  | ZIP CODE  | PAYMENT TYPE CODE |                            | QUANTITY     | FEE DUE FOR PAYMENT TYPE CODE |
|                             |  |   |                   |                            |              | \$                            |
| FCC CODE 1                  |  |   | FCC CODE 2        |                            |              |                               |
| ADDRESS LINE NO. 1          |  | ADDRESS LINE NO. 2)                               |                   | CITY/STATE OR COUNTRY CODE |              |                               |

