

Collocation Application



RETURN THIS APPLICATION TO: (E-MAIL IS PREFERRED)		Date Rec by Arx: _____
Arx Wireless, LLC		Revision Dates: _____
110 Washington Avenue	e-mail: kcoppins@arxwireless.com	Arx Site Name: _____
North Haven, CT 06473	mobile: (203) 623-3287	Arx Site Number: _____
	office: (866) 744-9686	

ARX SITE INFORMATION				
Latitude: _____	_____	_____	_____	Existing Structure Type: _____
Longitude: _____	_____	_____	_____	Existing Structure Height (ft AGL): _____
Site Address: _____	_____	_____	_____	County: _____ State: _____

APPLICANT INFORMATION	
Applicant (Carrier): _____	Primary Contact Name: _____
Applicant Site Name: _____	Company Name: _____
Applicant Site Number: _____	Primary Contact Number: _____
Req. Date for Receipt of Agreement: _____	Primary Contact Fax: _____
Desired Installation Date: _____	Primary Contact Address: _____
Desired ON-AIR Date: _____	Primary Contact Email: _____
Applicant Entity Name on Agreement: _____	_____
Notice Address for Lease: _____	_____
_____	_____
Billing Address: _____	_____

ADDITIONAL CARRIER INFORMATION	
Leasing Contact Name/Number/Email	_____
RF Contact Name/Number/Email	_____
Legal Review Contact Name/Number:	_____
Zoning Contact Name/Number	_____
Construction Contact Name/Number:	_____
Site Tech Contact Name/Number:	_____
Emergency Contact Name/Number:	_____

Is FirstNet being added to this site? YES NO

ANTENNAS				
Sector	Sector 1	Sector 2	Sector 3	AUX
Desired Rad Center (ft AGL)				
Antenna Quantity				
Antenna Manufacturer				
Antenna Model (Attach Spec Sheet)				
Weight (lbs per antenna)				
Antenna Dimensions (HxWxD) (in)				
ERP (watts)				
Antenna Gain (dB)				
Orientation/Azimuth (Degrees)				
Mechanical Tilt				
RRU Quantity				
RRU Manufacturer & Model				
RRU Dimensions (HxWxD) (in)				
RRU Weight				
OVP Quantity				
OVP Manufacturer & Model				
OVP Dimensions (HxWxD)				
RET Quantity				
RET Manufacturer & Model				
RET Dimensions (HxWxD)				
RET Cable Quantity				
Diameter of RET Control Cable				
Mount Mfg and Model				
Tower Mount Mounting Height				
Other Equipment				
Transmit Frequency (MHz)				

Collocation Application



Receive Frequency (MHz)				
Number of Transmission Lines (Specify Per 'ANTENNA' or Per 'SECTOR')				
Type of Transmission Lines				
Diameter of Transmission Lines (in)				
Type of Service(s) (i.e.: LTE, AWS, HSPA+, 5G):				

Please Note: "AUX" can be used for Microwave, GPS or other additional antenna information

GROUND SPACE REQUIREMENTS

Equipment Enclosure Type:	<input type="checkbox"/> BTS Cabinets/Number of BTS Cabinets: <input type="checkbox"/> Outdoor Shelter <input type="checkbox"/> Other:			
Leased Area Dimensions (WxD) (ft)				
Cabinet/BTS/Shelter Dimensions (HxWxD)(ft):				
Concrete Pad Dimensions (WxD)(ft):				
Cabinet/Shelter Manufacturer/Model:				

POWER REQUIREMENTS

AC Power:		Required Voltage and Total Amperage:	
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GENERATOR INFORMATION

Generator Ground Space Requirement (HxWxD)(ft):	Fuel Type	<input type="checkbox"/> Propane <input type="checkbox"/> Diesel
Fuel Tank Size (Gallons):	Fuel Tank Location:	<input type="checkbox"/> Attached <input type="checkbox"/> Separate <input type="checkbox"/> None
Capacity (KW):		

ADDITIONAL INFORMATION/COMMENTS

- Ground lessor consent may be required as a condition to the execution of your lease.
- Modifications to the tower site may be subject to local zoning approval.
- If available, attach manufacturer's equipment specifications for antennas, mounts, cabinets, shelters, etc.
- When requesting ground space, do not include a buffer around your desired physical footprint. Arx Wireless, at its sole discretion, will provide a non-exclusive buffer between your installation and other proposed and/or existing tenants to allow for access and maintenance