

# GSS, Inc. On Behalf of FTC

RETURN THIS APPLICATION TO: (E-MAIL IS PREFERRED)

GSS, INC.  
1054 Texan Trail, Ste 300  
Grapevine, TX 76051

ATTN: Jessica Norrid  
e-mail: [jnorrid@gssmidwest.com](mailto:jnorrid@gssmidwest.com)  
office: 682-330-8223

A Non-Refundable \$2,000  
application review fee is  
required for all applications

Send fees to: 1054 Texan Trail,  
Ste 300, Grapevine, TX 76051

Date Received/By: \_\_\_\_\_  
Revision Dates: \_\_\_\_\_  
Site Name: \_\_\_\_\_  
Site Number: \_\_\_\_\_

## GSS, Inc. 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:	_____
<b>Req. Date For Receipt of Agreement:</b>	_____	Primary Contact Fax:	_____
<b>Proposed Installation Date:</b>	_____		
<b>Proposed ON AIR Date:</b>	_____		
Applicant Entity Name on SA:	_____	Primary Contact Address:	_____
Notice Address for Lease:	_____		
Billing Address:	_____	Primary Contact Email:	_____

## ADDITIONAL CARRIER INFORMATION

Leasing Contact Name/Number/Email	_____
RF Contact Name/Number/E mail	_____
Legal Review Contact Name/Number:	_____
Zoning Contact Name/Number	_____
Construction Contact Name/Number:	_____
Emergency Contact Name/Number:	_____

## ANTENNAS

Sector	Sector 1	Sector 2	Sector 3	RRU	Squid/RET
Desired CL (ft AGL)					
Antenna Quantity					
Antenna Manufacturer					
Antenna Model					
Antenna Dimensions / Wt					
Azimuth (Degrees)					
TMA Quantity					
TMA Manufacturer					
TMA Model					
TMA Dimensions/ Wt					
Number of Coax					
Diameter of Coax (in)					
Mount Type					
Mount Height					
Transmit Frequency (MHz)					
Receive Frequency (MHz)					
Type of Service (i.e CDMA, GSM): <i>GSM, UMTS, LTE</i>					

**GROUND SPACE REQUIREMENTS**

Equipment Enclosure Type:	<input type="checkbox"/> Outdoor Equipment: <input type="checkbox"/> Tenant Shelter <input type="checkbox"/> Other:
Leased Area Dimensions (LxW) (ft)	
Shelter Dimensions (LxW)(ft):	
Concrete Pad Dimensions (LxW)(ft):	
Cabinet/Shelter Manufacturer/Model:	

**POWER REQUIREMENTS**

AC Power:		Required Voltage and Total Amperage:	
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**GENERATOR INFORMATION**

Generator Ground Space Requirement (LxW)(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**

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- 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. FTC Towers, 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
- A Structural Analysis Fee of \$1,750 will be required to complete the application. This will be requested once the application is finalized.
- After carrier install is complete, a Post Construction Inspection is required by FTC. The fee for this inspection is \$1,500

