

**Before the  
Federal Communications Commission  
Washington, DC 20554**

<b>In the Matter of</b>	)	<b>WT Docket No. 02-55</b>
	)	
<b>Improving Public Safety Communications in the 800 MHz Band</b>	)	<b>Licensee Name _____</b>
	)	<b>Call Sign _____</b>
	)	

To: Public Safety and Homeland Security Bureau, Federal Communications Commission

**REQUEST FOR WAIVER OF THE APRIL 14, 2011 DEADLINE FOR COMPLETION  
OF 800 MHZ REBANDING IN THE U.S.-CANADA BORDER REGIONS**

Pursuant to Section 1.925 (47 C.F.R. § 1.925) of the rules of the Federal Communications Commission (“Commission”) and the Public Safety and Homeland Security Bureau’s *Public Notice*,<sup>1</sup> the above-referenced licensee (“Licensee”) requests a waiver of the Commission’s requirement for the Licensee to complete its 800 MHz rebanding by April 14, 2011.<sup>2</sup> The Licensee recognizes that the Commission has noted: “Requests for extension will be subject to a high level of scrutiny. Licensees will be expected to demonstrate that they have worked diligently and in good faith to complete rebanding expeditiously, and that the amount of additional time requested is no more than is reasonably necessary to complete the rebanding process.”<sup>3</sup>

Specifically, the Licensee requests until \_\_\_\_\_ to complete its 800 MHz rebanding. The public interest would be served by granting the requested waiver because it would allow Licensee to reband its 800 MHz system in a reasonable, prudent and timely manner consistent with the goals of the 800 MHz rebanding program. In support of this Request for Waiver the Licensee provides the attached

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<sup>1</sup> “Public Safety and Homeland Security Bureau Provides Guidance for Submission of Requests for Waiver of the April 14, 2011 Deadline for Completion of 800 MHz Rebanding in Regions Along the U.S.-Canada Border,” *Public Notice*, DA 11-644 (rel. Apr. 8, 2011).

<sup>2</sup> See *Improving Public Safety Communications in the 800 MHz Band, New 800 MHz Band Plan for U.S.-Canada Border Regions, Second Report and Order*, 23 FCC Rcd 7605 (2008).

<sup>3</sup> See *FCC Announces Supplemental Procedures And Provides Guidance For Completion Of 800 MHz Rebanding, Public Notice*, 22 FCC Rcd 17227, 17232 (2007).

**Request for Waiver of the April 14, 2011 Deadline for Completion of 800 MHz Rebanding in the U.S.-  
Canada Border Regions**

**Licensee Name** \_\_\_\_\_

**Call Sign** \_\_\_\_\_

**DL** \_\_\_\_\_

Waiver Request Information Form and the following explanation of the reason(s) for not completing reconfiguration by April 14, 2011, which is consistent with the assertion that a grant of the waiver would serve the public interest.

Check if additional sheets are attached.

Finally, the licensee seeks confidential treatment of the Waiver Request Information Form pursuant to Section 0.459 of the FCC's Rules because the information contained therein is highly sensitive regarding the operations of a public safety organization's communications system. Furthermore, the information contained in the form is not otherwise publicly available. The Licensee consents to the disclosure of the form to the 800 MHz Transition Administrator, LLC ("TA") and Sprint Nextel and requests that they treat the form as confidential.

**Respectfully Submitted,**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name and Title**

# Waiver Request Information Form

**Confidential treatment sought pursuant to Section 0.459 of the FCC's Rules.**

## 1 Licensee Information

<b>1A</b>	Licensee/Entity Name	
<b>1B</b>	Lead Call Sign	
<b>1C</b>	Sprint Nextel Deal ID (if known)	<b>DL</b>

Please designate an 800 MHz call sign that is subject to rebanding to be used for tracking purposes. If possible the selected call sign should include at least one fixed based station. The Licensee Name and Call Sign provided on this form should match the same information in the caption of the Request for Waiver to which this form is attached.

<b>1D</b>	Licensee Contact Person Name	
<b>1E</b>	Licensee Contact Title	
<b>1F</b>	Contact Address 1	
<b>1G</b>	Contact Address 2	
<b>1H</b>	City	
<b>1I</b>	State	
<b>1J</b>	Zip	
<b>1K</b>	Business Phone Number	
<b>1L</b>	Business Fax Number	
<b>1M</b>	Email Address	

## 2 Size and Complexity of System

<b>2A</b>	Equipment Manufacturer(s)				
<b>2B</b>	Type of Radio System (check all that may apply)	<input type="checkbox"/> <b>Conventional</b>	<input type="checkbox"/> <b>Trunked</b>	<input type="checkbox"/> <b>Simulcast</b>	
		<input type="checkbox"/> <b>Other</b> (e.g., data only) _____			
<b>2C</b>	Number of Fixed Repeater Sites				
<b>2D</b>	Number of Subscriber Units		<b>Portables</b>	<b>Mobiles</b>	<b>Data</b>
		To be <b>Replaced</b>			
		To be <b>Reflashed</b>			
		To be <b>Retuned</b>			
	Not Yet Known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Waiver Request Information Form**

Licensee Name \_\_\_\_\_

Call Sign \_\_\_\_\_

DL \_\_\_\_\_

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**3 Interoperability**

**3A** Do you interoperate with other 800 MHz systems?  Yes  No

*If yes (3A), please list these agencies and describe how such interoperability will affect your rebanding schedule. Specifically note if there are agencies that must reband before you will be able to reband.*

	Agency Name	Agency Lead Call Sign	Effect on Your Schedule	Must Reband Before
<b>3B</b>				<input type="checkbox"/>
<b>3C</b>				<input type="checkbox"/>
<i>(additional table space at the end of this form, page 7)</i>				

**4 Steps Already Taken to Complete Physical Reconfiguration**

Frequency Reconfiguration Agreement (“FRA”)

**4A** Do you have an FRA executed with Sprint Nextel that covers both infrastructure and subscriber units (mobiles and portables)?  Yes  No

**4B** If no (4A), when do you anticipate having such an FRA executed? ( M / D / Y ) \_\_\_/\_\_\_/\_\_\_

If you do not have an executed FRA covering both infrastructure and subscriber units please provide as much information as possible in response to the following questions.

Subscriber Equipment Deployment (“SED”) Program

**4C** Did you execute an FRA with Sprint Nextel for early reconfiguration of subscriber units?  Yes  No

Implementation Planning Session (“IPS”)

**4D** NPSPAC Region number: \_\_\_\_\_  
(see US RPP map at <http://www.800TA.org/content/resources>)

**4E** Have you attended an IPS?  Yes  No

**4F** If “no” (4E), have you RSVP’d to attend an IPS?  Yes  No

The TA has not scheduled an IPS in every NPSPAC Region. IPSs are scheduled as needed based on the interoperability of the licensees in each region. For a schedule of IPSs held to date please see [www.800TA.org](http://www.800TA.org).

**Waiver Request Information Form**

**Licensee Name** \_\_\_\_\_

**Call Sign** \_\_\_\_\_

**DL** \_\_\_\_\_

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Vendor Information

**4G** Are you reconfiguring using solely internal labor?  **Yes**  **No**

If no (4G), provide the following:

**4H** Name of Primary Vendor Performing Reconfiguration Services: \_\_\_\_\_

**4I** Do you have a signed contract with this vendor?  **Yes**  **No**

**4J** Have you had your vendor kick-off meeting?  **Yes**  **No**

**4K** If no (4J), when is the kick-off meeting scheduled? ( M / D / Y ) \_\_\_ / \_\_\_ / \_\_\_

Channel Clearing Request(s)

**4L** Has Sprint Nextel notified you that they have cleared your new frequencies?  **Yes**  **No**

**4M** If no (4L), have you entered into an agreement with Sprint Nextel that contains a firm date(s) for Sprint Nextel to clear your new frequencies?  **Yes**  **No**

**4N** If no (4M), have you requested that Sprint Nextel clear your new frequencies?  **Yes**  **No**

**5** Other

Describe any other steps that you have taken to date to complete physical reconfiguration.

**5A** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waiver Request Information Form**

**Licensee Name** \_\_\_\_\_

**Call Sign** \_\_\_\_\_

**DL** \_\_\_\_\_

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**Proposed Timetables**

If you attended a TA-sponsored IPS the schedule and interoperability information requested below was discussed at the IPS and you would have received from the TA a written confirmation of your proposed schedule. You may use that information to complete sections below; if such information has changed, please provide updates as appropriate:

**6 Proposed Timetable Subscriber Units**

**6A** Does the reconfiguration of your subscriber units involve multiple touches to your subscriber units? For example, one touch to put the new channels into the subscriber units and a subsequent touch to remove the old channels from the subscriber units.  **Yes**  **No**

If you have a single touch, with respect to your subscriber units, please provide:

**6B** Estimated/Actual start date: \_\_\_/\_\_\_/\_\_\_ Estimated/Actual completion date: \_\_\_/\_\_\_/\_\_\_

If you have a second touch please provide:

**6C** Estimated/Actual start date: \_\_\_/\_\_\_/\_\_\_ Estimated/Actual completion date: \_\_\_/\_\_\_/\_\_\_

If you have more than two touches, including any “clean-up,” please *describe* and provide a start date and completion date below:

**6D** \_\_\_\_\_  
\_\_\_\_\_

**6E** Start date (6D): \_\_\_/\_\_\_/\_\_\_ Completion date (6D): \_\_\_/\_\_\_/\_\_\_

**7 Proposed Timetable Infrastructure Schedule**

With respect to infrastructure please provide:

**7A** Estimated/Actual start date: \_\_\_/\_\_\_/\_\_\_ Estimated/Actual completion date: \_\_\_/\_\_\_/\_\_\_

**8 Anticipated Completion**

**8A** When do you anticipate operating on your new frequencies? ( M / D / Y ) \_\_\_/\_\_\_/\_\_\_

**8B** If, different, when do you anticipate vacating your old frequencies? ( M / D / Y ) \_\_\_/\_\_\_/\_\_\_

**8C** When do you anticipate completing the physical rebanding of your system including, removing old channels from subscriber units, testing and clean-up? ( M / D / Y ) \_\_\_/\_\_\_/\_\_\_

**Waiver Request Information Form**

**Licensee Name** \_\_\_\_\_

**Call Sign** \_\_\_\_\_

**DL** \_\_\_\_\_

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**Interoperability**

	Agency Name	Agency Lead Call Sign	Effect on Your Schedule	Must Reband Before
<b>3D</b>				<input type="checkbox"/>
<b>3E</b>				<input type="checkbox"/>
<b>3F</b>				<input type="checkbox"/>
<b>3G</b>				<input type="checkbox"/>
<b>3H</b>				<input type="checkbox"/>
<b>3I</b>				<input type="checkbox"/>
<b>3J</b>				<input type="checkbox"/>
<b>3K</b>				<input type="checkbox"/>
<b>3L</b>				<input type="checkbox"/>
<b>3M</b>				<input type="checkbox"/>
<b>3N</b>				<input type="checkbox"/>
<b>3P</b>				<input type="checkbox"/>
<b>3R</b>				<input type="checkbox"/>
<b>3S</b>				<input type="checkbox"/>

**\*\* END OF FORM TA-19.0 \*\***