



Collocation Application

Check one: New <input type="checkbox"/> Addition to Existing <input type="checkbox"/> Modification <input type="checkbox"/>	Date submitted: Capital Site #: _____ Capital Site Name: _____ Date Received: _____ Revision Dates: _____ RSM Approval: _____
PLEASE RETURN THIS APPLICATION TO: (E-MAIL IS PREFERRED) Capital Telecom 1500 Mt. Kemble Avenue E-Mail: _____ Suite 203 Morristown, NJ 07960 Office: _____ Attn: Leasing Fax: _____	

APPLICANT/CARRIER INFORMATION

Carrier Name: _____	Contact Name: _____
Carrier Site Name: _____	Contact Number: _____
Carrier Site Number: _____	Contact Fax: _____
Carrier Legal Entity Name, type of entity (LP, GP, LLC, Corp) and state of registration: _____	Contact Address: _____
Notice Address for Lease: _____	
With copies to: _____	Contact E-mail: _____
Carrier Invoice Address: _____	
Carrier Invoice Contact - Name, Title, Phone No. _____	Carrier NOC # _____

ADDITIONAL CARRIER INFORMATION

Leasing Contact Name/Number: _____
RF Contact Name/Number: _____
Construction Contact Name/Number: _____
Emergency Contact Name/Number: _____

SITE INFORMATION

Latitude: _____	_____	_____	_____	N	Existing Structure Type: _____
Longitude: _____	_____	_____	_____	W	Existing Structure Height: _____
Site Address: _____					

ANTENNA & COAX

Sector	1	2	3	OTHER (dish, TMA, GPS)
Desired Rad Center (ft. AGL)				
Antenna Quantity				
Antenna Manufacturer				
Antenna Model (Attach Spec Sheet)				
Weight (per antenna)				
Antenna Dimensions				
Quantity & Diameter of Coax Cables				
PER ANTENNA				
Orientation/Azimuth (degrees from true north)				
Mechanical Tilt (degrees)				
# Of Channels				
Antenna Mount Mounting Height (ft. AGL)				
Transmit Frequency				
Receive Frequency				
ERP (watts)				
Type of Service (i.e. Cellular, PCS, Wi-Max)				

GROUND SPACE REQUIREMENTS

Total Ground Area Dimensions Required (L x W, ft.)	Generator: <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas		
Cabinet Dimension (L x W x H, ft.)	Pad Dimension (L X W, ft.):		
Shelter Dimension (L x W x H, ft.)	Cabinet Manufacturer		
	Shelter Manufacturer		

AC POWER REQUIREMENTS

Voltage: _____	Total Amperage: _____
----------------	-----------------------

Comments: _____