

**LICENSEE**Licensee (As it will appear on license) FRN CORES Password 

If your company does not have an FRN (FCC Registration Number), provide EIN (Employer Identification Number) in the notes section below and we can obtain an FRN and CORES password for you.

Attention	<b>Hidalgo County - Information Technology</b>			PO Box	<input type="text"/>
Address	<b>100 E Cano St #4</b>				
City	<b>Edinburgh</b>	State	<b>TX</b>	Zip Code	<b>78539</b>
Phone No	<b>956-292-7010</b>	Fax No	<input type="text"/>	Email	<a href="mailto:daniel.salinas@co.hidalgo.tx.us">daniel.salinas@co.hidalgo.tx.us</a>

**CONTACT (for issues concerning application)**

Contact First name	<b>AI</b>	MI	<input type="text"/>	Contact Last Name	<b>Brown</b>
Suffix	Contact's Company			<b>SmartWAVE Technologies</b>	
PO Box	Address <b>2662 Holcomb Bridge Rd #340</b>				
City	<b>Alpharetta</b>	State	<b>GA</b>	Zip Code	<b>30022</b>
Phone No	<b>404-731-9580</b>	Fax No	<input type="text"/>	Email	<a href="mailto:al.brown@smartwave.us">al.brown@smartwave.us</a>

**CONTROL POINT (point of contact for system operation) \*Optional\***

Address	<b>2662 Holcomb Bridge Rd #340</b>			City/Town	<b>Alpharetta</b>
	State	<b>GA</b>	County	<b>Fulton</b>	Phone No
					<b>404-731-9580</b>

**NAME OF PERSON SIGNING FORMS***(Please include full name, including prefix and middle initial)*

First Name	<b>Daniel</b>	Middle Initial	<input type="text"/>	Last Name	<b>Salinas</b>
Suffix	<input type="text"/>	Title	<b>Director of Information Technology</b>		

Will system be interconnected with the public telephone system? **OWNERSHIP AND QUALIFICATIONS**Is licensee U.S. owned and organized as per FCC Alien Qualifications? **No**Does the license applicant meet the FCC's Basic Qualifications? **Yes****NOTES**

Microwave Links are registered in the name of Hidalgo County, Texas, a local government entity.