



BROADCAST COLOCATION APPLICATION

<input type="checkbox"/> NEW LEASE <input type="checkbox"/> AMENDMENT TO EXISTING LEASE <input type="checkbox"/> RECONTRACT <input type="checkbox"/> BTS ANCHOR TENANT				INTERNAL USE ONLY	
				APP VERSION #	
				LEASE #	
				AMENDMENT #	
PLEASE RETURN THIS APPLICATION VIA EMAIL TO:			VB Site Number:		
Vertical Bridge			VB Site Name:		
750 Park of Commerce Drive Suite 200 Boca Raton, FL 33487 Attn: Regional Leasing Manager	E-Mail:		Application Date:		
	Phone:		Revision Dates:		
			RSM Approval:		

APPLICANT / INFORMATION			
Ownership Name:		Contact Name:	
Station Call Letters:		Contact Number:	
Station Frequency:		Contact Fax:	
Legal Entity Name:		Contact Address:	
State of registration:			
Type of entity (LP, LLC, Corp) d/b/a (if applicable)			
Contact E-mail:		Additional E-mail:	
Tenant Notice Address:		Copy to Notice Address:	
Station Invoice Address:		Other:	
Station Invoice Contact - Name, Title, Phone No.		Additional Contact:	

ADDITIONAL CONTACT INFORMATION	
Leasing Contact Name/Number:	
Station Engineer Name/Number:	
Consulting Engineer Name/Number:	
Emergency Contact Name/Number:	

SITE INFORMATION – This information can be found and should match the information on www.verticalbridge.com			
Latitude:		N	Existing Structure Type:
Longitude:		W	Existing Structure Height:
Site Address:			

FREQUENCY/TECHNOLOGY INFORMATION	
Type of Technology for all equipment: AM, FM, TV, Microwave and Broadcast Aux	
TX Frequency (MHz)	
RX Frequency (MHz)	
Tenants using an unlicensed band must provide exact Frequency Channels and Call Sign(s) to be utilized. (Providing the band range only will not be accepted.)	

PLEASE PROVIDE BRIEF DESCRIPTION OF GENERAL SCOPE OF WORK

PROPOSED FINAL LEASE RIGHTS CONFIGURATION TOTALS	
Any remaining existing equipment PLUS your proposed equipment	
EQUIPMENT TYPE	TOTAL
AM Skirt Antenna	
DTV Broadcast Antenna	
Filter	
FM Broadcast Antenna	
GPS Antenna	
Ice Shield	
Junction Box	
LPFM or FM Translator Broadcast Ant.	
LPTV Broadcast Antenna	
Microwave Antenna	
RPU Antenna	
STL Antenna	
Receive Dish Antenna	
Video Camera	
Equipment Cabinets	
Other (Please specify)	
Other (Please specify)	
Other (Please specify)	
Other (Please specify)	
Other (Please specify)	

PROPOSED FINAL CONFIGURATION TOTALS	
Any remaining existing lines PLUS your proposed lines	
LINE TYPE	TOTAL
Coax	
Hybrid	
CAT5	
DC/Power	
RET	
Fiber	

ADDITIONAL EQUIPMENT INFORMATION

- All equipment lines are required to be installed inside the tower when space is available. Carriers will be charged an additional \$25.00 per line per month if equipment lines are installed on the outside of the tower even though there is available space inside the tower. Vertical Bridge must approve any installation of lines on the outside of the tower.



GROUND / INTERIOR SPACE REQUIREMENTS					
Total Ground / Interior Area Dimensions: L' x W' = Total Square Feet Required	X	(Including all Equipment (i.e., Shelter, Equipment Platform or Pad, Generator Pad, Generator Fuel Tank Pad, Antenna Sleds, etc. – provide details below)			
Cabinet Area Dimensions (Pad/Platform)	X	Cabinet Installation Type			
Shelter Pad Dimensions	X	Shelter Manufacturer			
Rooftop Antenna Total Area Required	X	Antenna Sled Dimensions (per sector)	X	Antenna Wall Mount Dimensions (per sector)	X

EQUIPMENT CABINET REQUIREMENTS (Required for rooftops or Vertical Bridge interior space)					
Number of Cabinets		Cabinet Dimensions (L' x W' x H')		Manufacturer:	
Number of Cabinets		Cabinet Dimensions (L' x W' x H')		Manufacturer:	
Number of Cabinets		Cabinet Dimensions (L' x W' x H')		Manufacturer:	
Equipment Cabinet Comments					

GENERATOR REQUIREMENTS					
Generator Required?		Generator Fuel Type		Generator Size	
Generator Pad Dimensions			Generator Manufacturer		
Generator Fuel Tank Pad Dimensions			Fuel Tank Manufacturer		

AC POWER REQUIREMENTS			
Meter Type		Estimated Monthly Utility Usage	
Voltage		Total Amperage	

FIBER / BACKHAUL					
Fiber Installation Status		Fiber Provider			
Cable Type		Number of Points of Entry		Conduit/Riser Size (inches)	

STRUCTURAL ANALYSIS DETAILS		
Structural Hardcopies Required?		If wet seals are required, Please provide address: