



Compliance Request Report

I. To be completed by reporting Frequency Advisory Committee

Originator Information

Incident I.D. Number: _____

Date: _____

Phone: 703-528-5115

Fax: 703-524-1074

E-mail: robin.landis@enterprisewireless.com

II. To be completed by licensee experiencing interference

Interference Recipient Information

Licensee Contact _____

Licensee Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Service Provider Contact _____ Phone _____

Service Provider Address _____

Description & Location of System Affected

Call Sign _____ Station Class(es) _____

Emission Designator _____ Frequency(ies) _____

Transmitter Address _____

Transmitter City/State _____ Coordinates _____

Equipment Manufacturer _____ Tone Guard/Squelch _____
(P/L Code)

Interference Identification & Description

Date of Interference Commencement _____

Type of Interference _____

Repetition _____ Duration _____

III. To be completed by licensee experiencing interference, if known

Interferer Information

Licensee Contact _____

Licensee Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____ E-mail _____

Service Provider Contact _____ Phone _____

Service Provider Address _____

Description and Location of Interfering System

Call Sign _____ Station Class(es) _____

Emission Designator _____ Frequency(ies) _____

Transmitter Address _____

Transmitter City/State _____ Coordinates _____

Equipment Manufacturer _____ Tone Guard/Squelch _____
(P/L Code)

IV. To be completed by FAC

FAC Action Initiated to Resolve Interference

Cause of Interference _____

Actions Taken by Licensee _____

Interference Resolution Recommendations _____

Technical Assistance Received _____

Request for FCC Compliance/Enforcement Action

FCC Action Recommendation _____

Recipient and Interferer Notification Date _____

Attachments: Technical Exhibits Correspondence Exhibits Mediation Log Exhibit