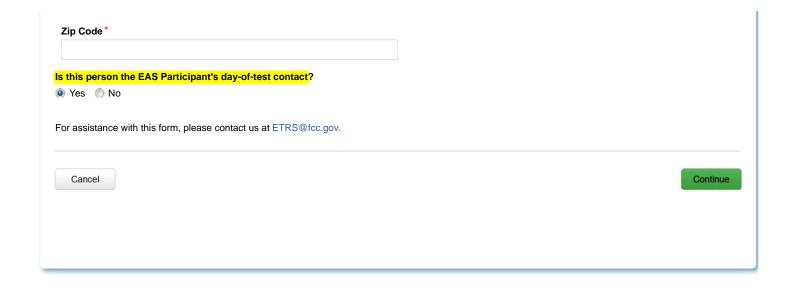
Click here to view the notice required by the paperwork reduction act	Approved by ON
	3060 – 02 Estimated time per response: Up to 43 hou
Test Cycle Nationwide EAS Test - September 28, 2016	
Participant Information	
egal Name of EAS Participant	
FCC Registration Number (FRN)	
EAS Participant Type *	
Facility ID Number *	
Please put the Facility ID in the box above and hit Tab. The call sign and latitude/longitude sign, Facility ID, Latitude and Longitude.	should autopopulate. If they do not, you may look it up: Look up Ca
City of Licensure*	
County of Licensure*	
State of Licensure *	
Owner of EAS Participant 🕢	
Transmitter Location	
Geographic Zones of Service	
Geographic zones of Service	×
• Add Geographic Zone	
Geographic zones will appear as you type the first letters of the zone you wish to select. If yalues. You will be directed to a new form and then brought back to this page with the data attitude (NAD83)   **  **  **  **  **  **  **  **  **	you do not see the zones you need in the picker, you may add new you submit. Click here to add new geographic zones to the picker.
Longitude (NAD83) (2)*	
_ongitude (NAD83) ② <sup>*</sup> City <sup>*</sup>	

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ounty*		
tate *		
mergency Alert System		
AS Designation 0*		
National Primary (NP)		
State Primary (SP) State Relay (SR)		
Local Primary 1 (LP-1)		
Local Primary 2 (LP-2)		
Participating National (PN)		
rst EAS Monitoring Assignment*		
cond EAS Monitoring Assignment*		
e either of the above sources monitored pur	suant to a waiver granted by the Commission?*	
Yes		
No		
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Other Monitored Sources		
Other Monitored Sources		
Other Monitored Sources	No monitored sources have been added.	
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