

Form One - Identifying and Background Information

[Click here](#) to view the notice required by the paperwork reduction act

Approved by OMB

3060 - 0207

Estimated time per response: Up to 43 hours

Test Cycle Nationwide EAS Test - September 28, 2016

Participant Information



Legal 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 should autopopulate. If they do not, you may look it up: [Look up Call Sign, Facility ID, Latitude and Longitude.](#)

Call Sign *

City of Licensure *

County of Licensure *

State of Licensure *

Owner of EAS Participant ?

Transmitter Location



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 you do not see the zones you need in the picker, you may add new values. You will be directed to a new form and then brought back to this page with the data you submit. [Click here to add new geographic zones to the picker.](#)

Latitude (NAD83) ? *

Longitude (NAD83) ? *

City *

County *

State *

Emergency Alert System ☰

EAS Designation ? *

- National Primary (NP)
 State Primary (SP)
 State Relay (SR)
 Local Primary 1 (LP-1)
 Local Primary 2 (LP-2)
 Participating National (PN)

First EAS Monitoring Assignment *

Second EAS Monitoring Assignment *

Are either of the above sources monitored pursuant to a waiver granted by the Commission? *

- Yes
 No

Other Monitored Sources

No monitored sources have been added.

[+ Add Source](#)

As you enter a monitoring source in each line, it will be compared to the database and accepted or will return an error message. If the sources you need are not accepted by the database, you may add new values. You will be directed to a new form and then brought back to this page with the data you submit. [Click here to add new monitoring sources to the picker.](#)

Make and Model of EAS Equipment *

--- Select One ---

Software Version *

--- Select One ---

Is this facility's equipment interfacing with the Federal Emergency Management Agency's Integrated Public Alert and Warning System (IPAWS)? *

- Yes
 No

Filer Contact Information ☰

First Name *

Last Name *

Phone *

Address Line 1 *

Cell Phone

Address Line 2

Email *

City *

Alternate Email

State *

Zip Code *

Is this person the EAS Participant's day-of-test contact?

Yes No

For assistance with this form, please contact us at ETRS@fcc.gov.

Cancel

Continue