



**GOVERNMENT OF PUERTO RICO
DEPARTMENT OF NATURAL AND ENVIRONMENTAL RESOURCES
PO BOX 366147 – SAN JUAN, PUERTO RICO 00936**

SECONDARY CONCESSIONAIRE ELECTRONIC INSTALLATION CHECK LIST

Date: _____

Application Number: _____

Name of Applicant or Company: _____

Documents Submitted:

- Form LUPS-2011-8 and Form LUPS-2011-12B
- Certificate of Incorporation or Municipal Patent
- Copy of Valid FCC License
- Date of Expiration of FCC License _____
- Copy of License(s) for each transmitter
- Copy of License(s) for antenna(s)
- Name of the Principal Concessionaire: _____
- Endorsement Letter from Principal Lessee
- Date when operation of the installation began _____
- Date of Permit Approval _____
- Equipment Cost _____
- Payment for the amount of \$ **250.00**
- **Copy and Number of the insurance policy including DNER as co-insured for the value of \$1,000,000.00 for personal damage and \$500,000.00 for property damage. (This document will be submitted after the permit is approved).**

**** UNDER NO CIRCUMSTANCES THIS APPLICATION WILL BE ACCEPTED IF ANY OF THE ABOVE-LISTED DOCUMENTS HAS NOT BEEN INCLUDED AT THE MOMENT OF FILING THE DOCUMENT. (Except for the copy of the insurance policy which will be submitted when the permit is approved.)**

Signature of the person who accepts the filing
of the documents

Filing date

Signature of the person who verifies the data

Review date



FORM LUPS-2011-12B
REV. DIC-2011

**GOVERNMENT OF PUERTO RICO
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PO BOX 366147 – SAN JUAN, PUERTO RICO 00936**

**LETTER OF ENDORSEMENT FROM THE PRIMARY CONCESSIONAIRE FOR THE
INSTALLATION OF ELECTRONIC EQUIPMENT IN
EXISTING FACILITIES**

I, _____, _____ of the _____
Name and surname Position

_____ company, Primary Concessionaire in the State
Name of Company

Forest of _____, _____ in hold of a Land
Forest Peak

Use Special Permit of the Department of Natural and Environmental Resources, endorse

_____ to install in our facilities the equipment described in
Name of company that will lease

Form LUPS 2011-6, after having filed all the documents required for the application and by the permit granting process authorized by the Department, pursuant to Regulation Number 6769. I include a copy of our Land Use Special Permit and a plan of the location of our facilities.

Signature

Date



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**SPECIAL PERMIT APPLICATION FOR SECONDARY CONCESSIONAIRE
ELECTRONIC INSTALLATION**

Date: _____

Application Number: _____

Applicant's Name: _____

Name of Company or Applicant: _____

Company's Home Address: _____

Postal Address: _____

Phone No: Office: _____ Fax: _____

E-mail: _____

Employer Social Security Number: _____

Number and Copy of Certificate of Incorporation or Municipal Patent: _____

Copy of FCC Valid License for each one of the transmitter, antennas, etc. as applicable:

_____	_____
_____	_____
_____	_____

Date of Issuance of FCC License: _____

Date of Expiration of FCC License: _____

Copy of Other Licenses or Related Authorizations: _____

Copy and Number of Insurance Policy including the DNER as Co-insured, for the value of \$1,000,000.00 for personal damages and \$500,000.00 for property damage:

Application cost: \$ 250.00 Receipt Number: _____

Payment in: Cash Certified Check or Money Order

- All checks or money order should be payable to the Secretary of Treasury

Reason for requesting the installation: _____

INFORMATION OF THE AREA WHERE THE ELECTRONIC EQUIPMENT WILL BE PLACED

Forest: _____ Peak: _____

Area the equipment will occupy (foot²): _____

Type of FCC License you possess: _____

Number of FCC License: _____

Name of Primary Company endorsing the installation of the Primary Concessionaire:

Technical Data for each transmitter:

Transmitter	(1)	(2)	(3)	(4)
Frequency (Data)				
b. Output Potential (Watts)				
c. Type of Emission (FCC/IRAQ Symbol)				
d. Operation Cycle (1)Continuously, 24 hours daily (2)Intermittent-Every day				
e. Type of Station (FCC/IRAQ Symbol)				

Description and location of antenna(s) to be installed: _____

Types of Operational Control considered

- Local Control Wired Remote Other (Explain) _____
 Automatic Repeater Radial Remote

Person to contact in case of emergency, radial interference or for additional information:

Name: _____

Address: _____

Phone(s) _____

 Applicant's Signature

 Date permit is granted

 Signature of the person who grants the permit