FORM 1 PREP SHEET

Below is a list of the information you will need to complete Form One. Please use this sheet to help gather the necessary Form One information before you sit down to file the form. If you have filed Form One in previous years, much of this information will be pre-populated once you complete the FRN, Facility ID, and/or Physical System ID fields.

Each EAS Participant should file a separate copy of Form One for each its EAS encoder/decoders. For example, if you are filing for a broadcaster (or cable headend) that uses two EAS encoder/decoders, you should file two copies of Form One. If your EAS Participant shares an EAS encoder/decoder with another EAS Participant, each EAS Participant should file its own copies of Form One for that EAS encoder/decoder.

- **FCC Registration Number (FRN)**

- **EAS Participant Type**
  Select from Radio Broadcaster, Television Broadcaster, Cable System, Wireless Cable System, Cable Reseller, Direct Broadcast Satellite, Satellite Digital Audio Radio Service, IPTV Provider, Wireline Video System, Other.

- **Facility ID**
  For broadcasters.

- **Call Sign**
  For broadcasters.

- **Physical System ID**
  For cable, IPTV, and wireline video providers.

- **City of License**

- **County of License**

- **State of License**

- **Legal Name of EAS Participant**
  This is typically the name of the licensee for which you are filing.

- **Owner of EAS Participant**
  If this EAS Participant is owned by a larger entity, you may provide the entity's name here.

- **EAS Equipment Make and Model**
  If your EAS Participant uses multiple types of equipment, please provide them all.

- **EAS Equipment Software Version**
  If your EAS Participant uses multiple types of equipment, please provide them all.

- **Community Unit IDs served by this equipment**
  For cable, IPTV, and wireline video providers.

- **EAS Designation**
  Please select all applicable EAS Designations for this facility. Most EAS Participants only serve as Participating Nationals. Please review your state's EAS Plan to determine whether any additional designations apply to your EAS Participant.

- **First EAS Monitoring Assignment**
  Your EAS Participant's first monitoring assignment can be found in your state's EAS Plan.

- **Second EAS Monitoring Assignment**
  Your EAS Participant's second monitoring assignment can be found in your state's EAS Plan.

- **Are either of these sources monitored pursuant to a Commission waiver?** Indicate whether the EAS Participant has been authorized to monitor sources other than those in its state EAS Plan. If these are the sources assigned by your state EAS Plan, select "no."

- **Other Monitored Sources**
  Your EAS Participant's other monitoring assignments can be found in your state's EAS Plan.

- **Does this equipment monitor FEMA IPAWS?**

- **Primary Language(s) in Service Area** Drop down choices or You can add additional languages after the first by clicking on the field again.

- **Geographic Zones of Service**
  In your state EAS Plan, you will find that your state is divided into several operational areas. Please enter the operational area(s) to which your EAS Participant provides service.

- **Transmitter Latitude (NAD83)**
  Please provide the facility's latitude using the North American Datum of 1983 in decimal format.
  Enter the latitude and the longitude of your EAS Participant`s antenna that transmits emergency alerts to the public. Latitude and longitude are accepted in Decimal Degrees. If you need to convert your latitude or longitude from Degrees Minutes Seconds or NAD27, click here.

- **Transmitter Longitude (NAD83)**
  Please provide the facility's longitude using the North American Datum of 1983 in decimal format.

- **Transmitter City**
  If your EAS Participant's transmitter is not located within a city or other municipality, enter "N/A."

- **Transmitter County**

- **Transmitter State**

- **Receiver Address Line 1**
  Please enter the location of the antenna that your EAS Participant uses to monitor for emergency alerts transmitted by other EAS Participants.

- **Receiver Address Line 2**
- **Receiver City**

- **Receiver County**
- **Receiver State**

- **Receiver Zip Code**

- **Filer First Name**
- **Filer Last Name**

- **Filer Phone (Ex: xxx-xxx-xxxx)**
- **Filer Mobile Phone (Ex: xxx-xxx-xxxx)**

- **Filer Email**
- **Filer Alternate Email**

- **Filer Address Line 1**
- **Filer City**

- **Filer Address Line 2**
- **Filer Zip Code**

- **Is this person the EAS Participant's Day of Test Contact?**

- **Day-of-Test Contact (DoTC) First Name**
- **DoTC Phone (Ex: xxx-xxx-xxxx)**

- **DoTC Last Name**
- **DoTC Mobile Phone (Ex: xxx-xxx-xxxx)**

- **DoTC Email**
- **DoTC Address Line 1**
- **DoTC City**
- **DoTC Zip Code**

- **DoTC Alternate Email**
- **DoTC Address Line 2**
- **DoTC State**