# Customer and General Information

|  |  |
| --- | --- |
| Company Name |  |
| Company Address |  |
| Company Representative/Contact Information |  |
| Contractor Name and Contact Information (Only required if a contractor is installing on behalf of owner) |  |
| Date of Requisition |  |
| Planned Date of Device Installation |  |
| Expected Start Date of Operation |  |
| Planned Maintenance Schedules |  |

# Description of Device or System

|  |  |
| --- | --- |
| Name of Urban or Specialized Municipality, Municipal or Improvement District, Metis Settlement, First Nations or Special Areas (where device is to be installed) |  |
| Municipal address, rural address or land location |  |
| If applicable, Antenna Direction, Height, Gain |  |
| If applicable, Radio Transmitter Power |  |
| Please describe the Device or System: | |
| Please indicate if the device requires regulatory approvals to operate in the area where the pole is located? | |

# Device or System Details

|  |  |
| --- | --- |
| Device Type |  |
| Brand Name |  |
| Model Number |  |
| Manufacturer |  |

# DEVICE PHYSICAL AND POWER CHARACTERISTICS

|  |  |
| --- | --- |
| Weight |  |
| Dimensions |  |
| Indicate top and bottom height of antennae |  |
| Specify if device is approved by CSA. |  |
| How is the device to be attached on the pole? (Please attach pictures or specifications of clamps, straps, stand-off brackets to be used) |  |
| Specify power requirements of device | |
| a) Voltage (i.e., 120V) |  |
| b) Maximum Wattage (i.e., 200W) |  |
| c) Number of phases (i.e., 1-phase) |  |
| d) Number of wires (i.e., 2 Wires) |  |

# RF CHARACTERISTICS OF DEVICE

|  |  |
| --- | --- |
| Provide coverage (footprint) of wireless device (such as GIS spatial data shapefile, geodatabase, heat maps, etc.) | Attached (Yes / No) |
| Indicate operating frequency bands, bandwidth of the device. |  |
| Safety Code 6 – Completed study indicating the controlled and uncontrolled environment exposure limits (must be Authenticated) | Attached (Yes / No) |
| Provide specification sheets of the device. | Attached (Yes / No) |

# DRAWINGS AND SCHEMATICS

|  |  |
| --- | --- |
| Provide network design of the system. | Attached (Yes / No) |
| Provide site plan showing locations of fibre optic cables and devices. | Attached (Yes / No) |
| Provide schematic or block diagrams. | Attached (Yes / No) |
| Provide pictures of device. | Attached (Yes / No) |

**Send completed Application Form to:** [licensedoccupancy@fortisalberta.com](mailto:licensedoccupancy@fortisalberta.com)

# FortisAlberta Engineering and Telecom Assessment

|  |  |
| --- | --- |
| **Telecom Assessment** | |
| **Recommendation** | |
| Telecom Engineer |  |
| Date Approved |  |

|  |  |
| --- | --- |
| **Engineering Assessment** | |
| **Recommendation** | |
| Standards Engineer / Senior Designer |  |
| Date Approved |  |