

**FOR  
NEWG  
USE**

Received: \_\_\_\_\_  
Approved / Disapproved

**NEWG Form 313**  
**APPLICATION FOR CAP**  
**RADIO STATION OR CALL SIGN**  
(Please read instructions before filling out form)

**DCL USE ONLY**  
FAA Coord:  
Call Sign:

**Section 1 - Applicant**

1. Applicant Type a. <input type="checkbox"/> Member    b. <input type="checkbox"/> Corporate		2. CAP Member (1a) or Unit (1b) Name	
3. CAPID (1a) or Charter Number (1b)		4. Phone	5. Email Address
6. Duty Position Title (1a)			

**Section 2 - Station / Call Sign**

7. Action a. <input type="checkbox"/> New Request    b. <input type="checkbox"/> Change Request		8. Station Type a. <input type="checkbox"/> Fixed (Base)    b. <input type="checkbox"/> Fixed (Repeater)    c. <input type="checkbox"/> Mobile/Air	
9. Call Sign a. <input type="checkbox"/> New: Call Sign: _____    b. <input type="checkbox"/> Change: From _____ to _____		10. Assigned By a. <input type="checkbox"/> Wing DCL    b. <input type="checkbox"/> Unit Comm Ofcr	
<b>FILL IN 11 – 19 ONLY IF 7a OR 7b ABOVE ARE CHECKED AND INFORMATION IS NEW/CHANGED</b>			
11. Custodian Contact (7b Only) Name: _____ Phone: _____		12. Transmitter Street Address	
13. Transmitter City/State/Zip	14. Transmitter Lat/Long	15. Antenna Lat/Long (if different than 14)	
16. Antenna Height (AGL)	17. Antenna Gain (Db)	18. Nearest Airport (Name)	19. Distance (Miles)

**Section 3 - Equipment**

<b>FILL IN ONLY IF 7a OR 7b ABOVE ARE CHECKED AND INFORMATION IS NEW/CHANGED</b>				
20. Station Equipment	Make/Model	S/N	Owner	NTIA (Y/N)
<input type="checkbox"/> Ant <input type="checkbox"/> Dplx <input type="checkbox"/> HF <input type="checkbox"/> VHF-FM				
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<input type="checkbox"/> Ant <input type="checkbox"/> Dplx <input type="checkbox"/> HF <input type="checkbox"/> VHF-FM				

Legend: Ant – Antenna    Dplx – Duplexer    HF – HF or HF/ALE Radio    VHF/FM -

**Section 4 - Certification**

1. If 1a is checked, does the CAP Member hold an active Advanced Radio Operator Authorization? Enter ROA Number: _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2. If 8a or 8b is checked, is the antenna installed with lightning protection, is the radio equipment properly grounded, plugged into surge protection outlets, and near an available charged Fire Extinguisher?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3. Has the radio equipment been configured to prevent display of actual CAP frequencies?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Is the radio equipment NTIA compliant?	<input type="checkbox"/> Y <input type="checkbox"/> N

**Section 5 - Approvals**

<b>Requester</b>	Printed Name and Grade	Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Commander Printed Name/Rank	Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director of Communications/Licensing	Signature	Date

**INSTRUCTIONS**

**1. New Station Application**

- Fill in entire form; check 9a; leave Call Sign information blank and check 10a

**2. Change Station Application**

- Fill In 1 through 10. Fill in 11 through 20 only if information has changed.
- Complete sections 4 and 5

**3. Call Sign Only**

- Fill In 1 through 10; complete sections 4 and 5.
- Unit Managed Call Signs: fill in 9 with Call Sign information and check 10b.
- Wing Managed Call Signs: check 9a or b; leave call sign information blank, and check 10a

**4. Submit completed form to NEWG/DCL**

Mailing Address:

Headquarters Nebraska Wing  
 Attn: Director of Communications Licensing  
 P.O. Box 155  
 Ashland, NE 68003