

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b>	Approved by OMB 3060-0589 Page No. ____ of ____
		SPECIAL USE
		FCC USE ONLY
<b>SECTION A - PAYER INFORMATION</b>		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
(4) STREET ADDRESS LINE NO. 1		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY		(7) STATE (8) ZIP CODE
(9) DAYTIME TELEPHONE NUMBER (include area code)		(10) COUNTRY CODE (if not in U.S.A.)
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN)		(12) PAYER (TIN)
<b>IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)</b>		
(13) APPLICANT NAME		
(14) STREET ADDRESS LINE NO. 1		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY		(17) STATE (18) ZIP CODE
(19) DAYTIME TELEPHONE NUMBER (include area code)		(20) COUNTRY CODE (if not in U.S.A.)
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN)		(22) APPLICANT (TIN)
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) CALL SIGN/OTHER ID		(24A) PAYMENT TYPE CODE (25A) QUANTITY
(26A) FEE DUE FOR (PTC)	(27A) TOTAL FEE	FCC USE ONLY
(28A) FCC CODE 1	(29A) FCC CODE 2	
(23B) CALL SIGN/OTHER ID		(24B) PAYMENT TYPE CODE (25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
(28B) FCC CODE 1	(29B) FCC CODE 2	
<b>SECTION D - CERTIFICATION</b>		
(30) CERTIFICATION STATEMENT I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. SIGNATURE _____ DATE _____		
<b>SECTION E - CREDIT CARD PAYMENT INFORMATION</b>		
(31) <input type="checkbox"/> MASTERCARD  <input type="checkbox"/> VISA	MASTERCARD/VISA ACCOUNT NUMBER:	EXPIRATION DATE:
I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described. SIGNATURE _____ DATE _____		