



# Commission Registration System (CORES)

[Associate Username to FRN](#)  
[| Manage Existing](#)  
[FRNs & FRN Financial](#)  
[Register New FRN](#) | [Reset](#)  
[FRN Password](#)  
[| Search for FRN](#)

## FCC Registration

[FCC](#) > [FCC Registration](#) > [Manage Existing FRNs](#) > [FRN Financial](#) > [View/Pay](#) > Payment Confirmation

Logged In As: [steveharenow@gmail.com](#) | [Logout](#)

## Online Payment Confirmation

Print

### Online Payment Confirmation

Total Amount	\$1,625.00
Payer FRN	0004349460
Payer Name	steveharenow@gmail.com
Remittance ID	4022456
Treasury Tracking ID	2737PU8Q

Thank you for your payment!

[View Form159](#) [Go Back](#)

#### Customer Service

[Help](#)

[Frequently Asked Questions](#)

[Privacy Statement](#)

[FCC Home Page](#)

For assistance, please submit a help request at <https://www.fcc.gov/wireless/available-support-services> or call 877-480-3201 (Mon.-Fri. 8 a.m.-6 p.m. ET).

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

Approved by OMB  
3060-0589  
Page No 1 of 1

(1) LOCK BOX # <b>979089</b>		SPECIAL USE ONLY	
		FCC USE ONLY	
SECTION A - PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) <b>Priority Radio, Inc.</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>1,625.00</b>	
(4) STREET ADDRESS LINE NO. 1 <b>2207 Concord Pike</b>			
(5) STREET ADDRESS LINE NO. 2 <b>Box 269</b>			
(6) CITY <b>Wilmington</b>		(7) STATE <b>DE</b>	(8) ZIP CODE <b>19803</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>3027317270</b>		(10) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) <b>0004349460</b>		(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(13) APPLICANT NAME <b>Priority Radio, Inc.</b>			
(14) STREET ADDRESS LINE NO. 1 <b>2207 Concord Pike</b>			
(15) STREET ADDRESS LINE NO. 2 <b>Box 269</b>			
(16) CITY <b>Wilmington</b>		(17) STATE <b>DE</b>	(18) ZIP CODE <b>19803</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>3027317270</b>		(20) COUNTRY CODE (if not in U.S.A.) <b>US</b>	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) <b>0004349460</b>		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID <b>WSRY</b>	(24A) PAYMENT TYPE CODE <b>MVU</b>	(25A) QUANTITY <b>1</b>	
(26A) FEE DUE FOR (PTC) <b>1,625.00</b>	(27A) TOTAL FEE <b>1,625.00</b>	FCC USE ONLY	
(28A) FCC CODE 1 <b>21621</b>		(29A) FCC CODE 2 <b>20221230AAB</b>	
(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	
SECTION D - CERTIFICATION			
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 _____			
SECTION E - CREDIT CARD PAYMENT INFORMATION MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____ ACCOUNT NUMBER _____ EXPIRATION DATE _____ I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described. SIGNATURE _____ DATE _____			

SEE PUBLIC BURDEN ON REVERSE

FCC FORM 159

FEBRUARY 2003 (REVISED)