



<input type="checkbox"/> NEW LEASE <input type="checkbox"/> AMENDMENT TO EXISTING LEASE <input type="checkbox"/> RECONTRACT <input type="checkbox"/> BTS ANCHOR TENANT	INTERNAL USE ONLY
	APP VERSION #
	LEASE #
	AMENDMENT #

PLEASE RETURN THIS APPLICATION VIA EMAIL TO: Vertical Bridge 750 Park of Commerce Drive Suite 200 Boca Raton, FL 33487 Attn: Regional Leasing Manager	E-Mail: Phone:	VB Site Number: VB Site Name: Application Date: Revision Dates: RSM Approval:	
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APPLICANT / CARRIER INFORMATION

Carrier Name:		Contact Name:	
Carrier Site Number:		Contact Number:	
Carrier Site Name:		Contact Fax:	
Carrier Legal Entity Name:		Contact Address:	
State of registration:			
Type of entity (LP, LLC, Corp) d/b/a (if applicable)			
Notice Address for Lease:		Contact E-mail:	
With copies to:		Additional E-mail:	
Carrier Invoice Address:		Other:	
Carrier Invoice Contact - Name, Title, Phone No.		Carrier NOC#	

ADDITIONAL CONTACT INFORMATION

Leasing Contact Name/Number:	
RF Contact Name/Number:	
Construction Contact Name/Number:	
Emergency Contact Name/Number:	

SITE INFORMATION – This information can be found and should match the information on www.verticalbridge.com

Latitude:		N	Existing Structure Type:	
Longitude:		W	Existing Structure Height:	
Site Address:				

FREQUENCY/TECHNOLOGY INFORMATION

Type of Technology for all equipment (i.e., 3G, LTE, CMDA, MW, WiFi, TV, etc.)	
TX Frequency (MHz)	
RX Frequency (MHz)	
Tenants using an unlicensed band must provide exact Frequency Channels and Call Sign(s) to be utilized. (Providing the band range only will not be accepted.)	

PLEASE PROVIDE BRIEF DESCRIPTION OF GENERAL SCOPE OF WORK



EXISTING EQUIPMENT
Applicant's Existing Equipment Configuration and Specifications

Equipment Type (ex: panel, TMA, RRU)	RAD (feet)	Mount Height (feet)	Mount Type	Equip Qty	Equipment Manufacturer	Equipment Model #	Equip Dim (HxWxD) (ft or in)	Equip Weight (lbs)	Az	Remain

EXISTING LINES
Applicant's Existing Lines and Specifications

Line Type	Line Size (Inches)	Total # of Lines	Coax interior or exterior (for monopoles)	Remain	Comments:

PROPOSED EQUIPMENT									
Applicant's Proposed Equipment Configuration and Specifications									
Equipment Type (ex: panel, TMA, RRU, ice shields)	RAD (feet)	Mount Height (feet)	Mount Type	Equip Qty	Equipment Manufacturer	Equipment Model #	Equip Dim (HxWxD) (ft or in)	Equip Weight (lbs)	Azimuth

PROPOSED LINES				
Applicant's Proposed Lines and Specifications				
Line Type	Line Size (Inches)	Total # of Lines	Coax interior or exterior (for monopoles)	Comments:
Coax				
RET Home Run Cable				
Fiber				
DC Power				



PROPOSED FINAL CONFIGURATION TOTALS	
EQUIPMENT TYPE	TOTAL
Panel Antennas	
Omni/Whip Antennas	
RRU	
TMA	
Diplexer / Triplexer	
Bias T	
Surge Suppressor	
MW Dish	
Ice Shield	
ODU	
Filter	
Combiner	
Junction Box	
RET	
Equipment Cabinets	
Other (Please specify)	
Other (Please specify)	
Other (Please specify)	
Other (Please specify)	
Other (Please specify)	

PROPOSED FINAL CONFIGURATION TOTALS	
LINE TYPE	TOTAL
Coax	
Hybrid	
CAT5	
DC/Power	
RET	
Fiber	

ADDITIONAL EQUIPMENT INFORMATION
<ul style="list-style-type: none"> • RRUs, TMAs and ODUs are required to be installed directly behind the antennas / MW dish. Otherwise there will be an additional charge. • All equipment lines are required to be installed inside the tower when space is available. Carriers will be charged an additional \$25.00 per line per month if equipment lines are installed on the outside of the tower even though there is available space inside the tower. Vertical Bridge must approve any installation of lines on the outside of the tower. • All tenant equipment must be installed within one continuous 10 ft vertical envelope. Exceeding this vertical space will be subject to additional rent.



GROUND / INTERIOR SPACE REQUIREMENTS					
Total Ground / Interior Area Dimensions: L' x W' = Total Square Feet Required	X	(Including all Equipment (i.e., Shelter, Equipment Platform or Pad, Generator Pad, Generator Fuel Tank Pad, Antenna Sleds, etc. – provide details below)			
Cabinet Area Dimensions (Pad/Platform)	X	Cabinet Installation Type			
Shelter Pad Dimensions	X	Shelter Manufacturer			
Rooftop Antenna Total Area Required	X	Antenna Sled Dimensions (per sector)	X	Antenna Wall Mount Dimensions (per sector)	X

EQUIPMENT CABINET REQUIREMENTS (Required for rooftops or Vertical Bridge interior space)					
Number of Cabinets Required		Cabinet Dimensions (L' x W' x H')		Manufacturer:	
Number of Cabinets Required		Cabinet Dimensions (L' x W' x H')		Manufacturer:	
Number of Cabinets Required		Cabinet Dimensions (L' x W' x H')		Manufacturer:	
Equipment Cabinet Comments					

GENERATOR REQUIREMENTS					
Generator Required?:		Generator Fuel Type		Generator Size	
Generator Pad Dimensions			Generator Manufacturer		
Generator Fuel Tank Pad Dimensions			Fuel Tank Manufacturer		

AC POWER REQUIREMENTS			
Meter Type		Estimated Monthly Utility Usage Amount	
Voltage		Total Amperage	

FIBER / BACKHAUL					
Fiber Installation Status		Fiber Provider			
Cable Type		Number of Points of Entry		Conduit/Riser Size (in inches)	

STRUCTURAL ANALYSIS DETAILS			
Structural Hardcopies Required?		If wet seals required, please provide address:	

ADDITIONAL COMMENTS