



## EQUIPMENT QUESTIONNAIRE (EQ)

Application for installation of equipment at an AAT Facility

Request Type:	New License <input checked="" type="checkbox"/>				Request Date:	[REDACTED]
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	Site Name:	[REDACTED]		SBA #	[REDACTED]
	Address:	[REDACTED]		SMM Name:	[REDACTED]
	City/State/Zip:	[REDACTED]		Latitude:	[REDACTED]
Licensee Site Number:	[REDACTED]	Licensee Site Name:	[REDACTED]	Longitude:	[REDACTED]

Mail Docs to: [REDACTED]

Licensee name & address	[REDACTED]		
as it should appear in agmt	[REDACTED]		
Type of Organization:	[REDACTED]		
State of Organization:	[REDACTED]		
Attn:	[REDACTED]	Attn::	[REDACTED]
(For Notification)	[REDACTED]	Phone:	[REDACTED]
Fax:	[REDACTED]	Fax:	[REDACTED]
		Email:	[REDACTED]

Accounts Payable Information	
Address:	[REDACTED]
	[REDACTED]
Attention:	[REDACTED]
Phone:	[REDACTED]
Fax:	[REDACTED]
E-mail:	[REDACTED]

Notes/Special Provisions:

[REDACTED]

[REDACTED]



**THIS SECTION FOR AAT'S USE ONLY**

AAT Sales Account Manager: [redacted]  
Monthly Rental Amount or  
Change in Rent: [redacted]  
Monthly Electrical Charge: [redacted]  
Site Prep or Application Fee [redacted]  
Annual Escalation: [redacted]  
Site Expiration Date: [redacted]

AAT Region: [redacted]  
Client Type: [redacted]  
(i.e., Cellular, Paging, PCS/SMR/LMDS)  
Type of site (Managed, Sub-Leased, Other) [redacted]  
Site Cost: [redacted]  
Term [redacted]  
Use Template [redacted]  
Commencement Date: [redacted]

**If amending/renewing, indicate what is being amended/renewed OR list any special conditions below:**

Original/Replacement Agreement #: [redacted] Date of Agreement: [redacted]  
[redacted]  
[redacted]  
[redacted]

**Date and Initial**

Initial Admin Review	[redacted]	[redacted]	Legal Review, if necessary	[redacted]	[redacted]
Final Admin. Review	[redacted]	[redacted]	Managed Site Review, if necessary	[redacted]	[redacted]