

# New Unlicensed Wireless Microphone Registration

## General Information

File Number: **0006219938**  
Purpose: **NE**  
Radio Service Code: **UM**  
Receipt Date: **03/29/2014**  
Action Date: **03/29/2014**  
Waiver: **No**  
Grant Date:  
Expiration Date:  
Signature Name: **Ryan C Stotts**  
Signature Title:

## Registrant Information

Registrant Individual Name: **Ryan C Stotts**  
Registrant Entity Name:  
FRN: **0022595169**  
Attention To:  
P.O. Box:  
Street Address: **100 Winding Way**  
City, State, ZIP Code: **Mount Juliet, TN 37122**  
Phone: **(615)727-3386**  
FAX:  
Email: **rcstotts@gmail.com**

## Contact Information

Contact Individual Name: **Ryan C Stotts**  
Contact Company Name:  
Attention To:  
P.O. Box:  
Street Address: **100 Winding Way**  
City, State, ZIP Code: **Mount Juliet, TN 37122**  
Phone: **(615)727-3386**  
FAX:  
Email: **rcstotts@gmail.com**

## Qualifications

### Reserved Channels

	Reserved Channel Number	User	Number of Devices
1	35	Self	6
2	38	Self	6

## Other Available TV Channels

	Other Channel Number	User	Number of Devices
1	16	Self	6
2	19	Self	6
3	46	Self	6

## Qualifying for Registration

Certification: **Yes**

## Comments

Description	Date
None	

## Attachments

Type	Description	Date Entered
None		

## Pleadings

Type	Description	Date Entered
None		

## Protection Information

### Venue

Name: **Roanoke Civic Center**  
Type: **Stadium or Arena**  
Street Address: **710 Williamson Rd**  
City: **Roanoke**  
County:  
State: **VA**  
Zip Code: **24016**  
Type of Location: **Discrete coordinates**

### Coordinates

	Latitude (DD-MM-SS.S) N or S	Longitude (DDD-MM-SS.S) E or W
1	37-16-44.2 N	079-56-09.3 W

## Channel Registration

Minimum # of TV Channels: **1**  
Maximum # of TV Channels: **2**

Maximum # of Wireless Microphones: **36**

## **Event Schedule**

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Event Type:	<b>Single</b>
Start Time:	<b>01:00 PM</b>
End Time:	<b>11:30 PM</b>
Start Date:	<b>04/29/2014</b>
End Date:	<b>05/01/2014</b>