APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5 OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER THAN BROADCAST)

| (| Applicant's Na Street addres No. 4) | ame and Post C s, city, state, a | office address nd ZIP Code. See | instruction | File No. | NOT WRITE IN TH | |
|-------------------|---|---|-------------------------------------|----------------------------------|--|--|--|
| (| dba)Allie Avio | onics Syst | Electronic tems | and | 6080- | EX-PL-98 | \$ |
| | rt Ercola | | 7 | | | | |
| | - | gers Road | | | | | |
| | lathe, KS | 66 662 for (check on | ly one box) | | 2(b). For Modificat | tion indicate below | 74 |
| Z, 3). | _ | | fication of existing | authorization | File No. | Call | Sign: |
| A | pplication for | r Modifications | : Check the box er the change is | s beside all pa s an addition | articulars to be modified or a replacement of | Fied. Check either a parameters in the | addition or re- current authorization. |
| | REQUENCY - | ! | EMISSION - | | POWER - | | ATION - |
| | addition or | ran baamant? | | replacement? | _ | replacement? | ddition or Treplacement? |
| | | | instruction be | | n attached EXHIBIT No | , | |
| f | requency (state | Operation (see | POWER | | EMISSION | MODULATING SIGNAL | NECESSARY BANDWIDTH |
| 14 N.S | (A) | (B) | (c) | (D) | (E) | (F) | (G) |
| 3 <u>00</u> | -9500MHZ | | 71.0dbw | PEAK | 8M10PON | 4.0us106HZ | 8.1 MHZ |
| | | | *** | | | | |
| | | | | | | | |
| | | · · · - · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | <u> </u> |
| | | | | | | and attach on EVVI | DIT No. |
| (A) (B) (C) | Insert maxi | mum R.F. outp | ut power at the | transmitter | ' more space is requiterminals. Specify un ntenna (If pulsed en | nits. |) |
| (D) | Insert "MEA | N" or "PEAK" | (See definitions | in Part 5). | | | |
| (E) | List each ty | pe of emission | n separately for | r each freque | ncy. (See Section 2.2) | Oi of FCC Rules) | |
| (5) | | | the type of mo | | | | |
| | | | f keying in bau | | | | |
| | | m andio modeli cy deviation o | iating frequenc of carrier; | ar r | | | |
| | | ration and rep | | | | | |
| (5) | For complex | emissions de | scribe in detail | in the space was determin | provided below. ed in space provided | l below. FC | C Form 442 ~ Page 2 March 1996 |

| a). Proposed location of transm | nitter and transmitting as MOBILE | ntenna (check | only one box to indicat BASE AND MOBILE | e type of operation): |
|---|---|----------------------------------|--|------------------------------|
| FIXED/BASE | | | 5(c). If mobile, describ | a the aveat area of |
| 5 b). If permanently located at a | FIXED location, give bei | ow: | operation | e the exect ates of |
| State County KS Johnson | City or Town Olathe | | | |
| Number and street (or other ind | | | | |
| | | , | | |
| 400 N. Rogers Road | | | K(a)(1)Enter geographics; co | ordinates of the approximate |
| 5/3)(1). Enter geographical coordiantes e | xact to the nearest second (see | e instruction 10) | center of mobile operation | (see instruction 10.) |
| \orth Latitude (DD-MM-SS) | West Longitude (DD-MM-SS) | n | North Latitude | West Longitude |
| 38° 53 16 | 94 47 | 22 | | |
| 5(d). Datum (see instruction 10): | 🗖 | NAD 27 🖸 | NAD 83 | |
| 6. Is a directional antenna (oth | | YES 🗆 | NO | |
| If "YES", give the following | Information: | | | |
| (a) Width of beam in degree(b) Orientation in horizontal | plane 0 360° | (e) Orienti | ation in vertical plane | ±15° |
| (b) Orientation in horizontal | brette <u>0 - 380</u> | (5, 511555 | • | |
| Is this authorization to be us | ed for fulfilling the requ | uirement of a g | overnment contract w | ith an agency of the |
| United States Government? | | YES 🖸 | NO | |
| if "YES", attach as EXHIBIT N | loa narra | tive statement | describing the govern | ment project, |
| agency and contact number. | | | | |
| E. Is this authorization to be us | ed for the exclusive pur | pose of develor | oing radio equipment fo | or export to be employed |
| by stations under the jurisdi | ction of a foreign gover | | NO | |
| If "YES", attach as EXHIBIT N | المع ومرا المع ومرا | | | act number and the |
| name of the foreign govern | ment concerned. | Owing into into | | |
| | | | | |
| E. Is this authorization to be us | ed for providing commu | nications essen | tial to a research project | ct? (The radio communi- |
| cation is not the objective o | f the research project). | YES 🛣 | NO | |
| if "YES", attach as EXHIBIT N | lo a narra | tive statement | provding the following | g information: |
| (a) A description of the natu(b) A showing that the comm | re of the research project | ot being conduc | cted. | |
| (b) A showing that the common (c) A showing that existing | nunications racilities requestions facilities | nested are nect are inadequat | e. | progeou involved |
| - ·. | | | | <u></u> |
| .3. If all the answers to Items 7 | , 8, and 9, are "NO", attach | as EXHIBIT No | 1 a narra | tive statement describing |
| in detail the following: (a) The complete program of | research and experimen | ntation proposed | d including description | of equipment |
| and theory of operation. | | | 4 | |
| (b) The specific objectives so (c) How the program of exp | ought to be accomplished. erimentation has a reaso | nable promise | of contribution to the d | levelopment, extension, |
| expansion, or utilization | of the radio art, or is alo: | ng li <u>ne not alre</u> | eady investigated. | |
| lia). Give an estimate of the le | ngth of time that will be | required to co | mplete the program of | experimentation proposed |
| in this application. On (| going | | | |
| (b) If less than 2 years, give t | he length of time in mon | nths that the au | thorization requested 1 | n this application |
| will be required: | -C this application come | | 11307 of the FCC Rule | s such that it may have a |
| significant environmental | impact (see instruction) | 11)? | YES X NO | |
| If "YES", attach as EXHIBIT | | | | ed by Section 1.1311. |
| | | | | |
| 15. List below transmitting eq MANUFACTURER | ulpment to be installed (| if experimental MODEL NUM | i, so state): BER | NO. OF UNITS |
| AlliedSignal | | RDR 1400 | | Various |
| | | RDR 2000 | /2100 | |
| | | RDS 81/8 | • | |
| | | EXPERIME | CNTAL | |
| | | | | |

| 3. | | | | | rsuant to Section 5.152? | |
|-------------------|---|---|--|--|--|--|
| ii. | Will the and more than 6 than a build | meters above the | e than 6 meters above building, or will the | ve the ground, or if e proposed antenna | mounted on an existing be mounted on an existing O | g building, will it extentions structure other |
| | If "YES", giv (a) Overall 1 | e the following (s height above grou | see instruction 9): nd to tip of antenna | , · · · · · · · · · · · · · · · · · · · | eters. | |
| | | | tenna site above mes | | | |
| | (c) Distance | to nearest aircraf | t landing area is | | | kilometers. |
| | (d) List any the opin | natural formation | s of existing man-m nt, would tend to shi | ade structures (hills | s, trees, water tanks, to m aircraft and thereby | wers, etc.) which, in |
| | if any, e | iving heights in | a vertica meters above ground tion obstruction ligh | for all significant | total structure includin features, Clearly indica de. | g supporting building, te existing portion, |
| ` _3. | | E (Check only one) | | | | |
| + | ∏ INDIVI | | ociation [|] PARTNERSHIP | x corporation | |
| | | (describe in space | nrovided below) | | | |
| 17. 15. | Has application If "YES", att | nt or any party to for permit, licens ach as EXHIBIT No | e or renewal denied oa st | i any FCC station lic by this Commission | ense or permit revoke | YES E NO |
| 15. | | nt he owner and | operator of the stati | on? | | YES NO |
| -\- -\- -\- | Give name | title, and telepho | ne number (include a | area code), and Inter | net e-mail address (if | applicable) of person |
| | | | s pertaining to this 3)768-2739 E- | | michie@alliedsi | gnal.com |
| Si. | By checkin he or she is conviction | s not subject to a c pursuant to Section tion, partnership a denial of federal | dual applicant certification of federal beron 5301 of the Anti-lar other unincorporate | nefits, including FCC Drug Abuse Act of 19 Ited association, cer | s eligible for this licens C benefits, as a result o 988, 21 U.S.C. 862. A non tifies that no party to definition of a "party" | or a drug offense - individual applicant, the application is |
| :22 | List below | all exhibits in nu | merical sequence and | i the item number o | of form requiring the e | exhibit identified. |
| | CHIBIT NUMBER | ITÉM NO. OF FORM | EXHIBIT NUMBER | ITEM NO. OF FORM | EXHIBIT NUMBER | ITEM NO. DF FORM |
| | 1 | 10 | | | | |
| | | | | | | |
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|-----|--|
| 123 | CERTIFICATION: Attention: Read this certification carefully before signing this application. |
| | THE APPLICANT CERTIFIES THAT: |
| | (a) Copies of FCC Rule Parts 2 and 5 are on hand; and (b) Adequate financial appropriations have been made to carry on the program of experimentation which will be conducted by qualified personnel; and (c) All operations will be on an experimental basis in accordance with Part 5 and other applicable rules, and will be conducted in such a manner and at such a time as to preclude harmful interference to any authorized station; and (d) Grant of the authorization requested herein will not be construed as a finding on the part of the Commission (i) that the frequencies and other technical parameters specified in the authorization are the best suited for the proposed program of experimentation, and (2) that the applicant will be authorized to operate on any basis other than experimental, and (3) that the Commission is obligated by the results of the experimental program to make provision in its rules including its table of frequency allocations for applicant's type of operation on a regularly licensed basis. |
| | APPLICANT CERTIFIES FURTHER THAT: |
| | (e) All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant's knowledge; and (f) The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and (g) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the USA. |
| | Signed and dated this Sixth day of February 19 98 |
| | Name of Applicant Allied Signal Avionics Inc. (dba) Allied Signal Electronic and Avion inust correspond with name given on page 1) Systems |
| | By Art Ercolani Ort Ercolani (print) (signature) |
| | Title DER Staff Engineer |
| | Check appropriate classification: |

| ☐ Individual applicant ☐ | Member of applicant partnership |
|--------------------------|---------------------------------|
|--------------------------|---------------------------------|

Office of applicant corporation or association Authorized employee

MILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 13 Section 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Gection 312(a)(1), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

Information requested through this form is authorized by the Communications Act of 1984, as amended, and specified by Section 808 therein. The information will be used by Federal Communications Commission staff to determine oligibility for issuing authorizations in the use of the frequency spectrum and to effect the provisions of regulatory responsibilities rendered by the Commission by the Act. Information requested by this form will be available to the public unless otherwise requested pursuant to 47 CFR 0.459 of the FCC Rules and Regulations. Your response is required o obtain this authorization.

Public reporting burden for this collection of information is estimated to average four (4) hours per response, including the time or reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0065), Washington, DC 20554. DO NOT send completed applications to this Individuals are not required to respond to this collection unless it displays a currently valid OMB control number.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 98-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 8507.

Appròved by OM8 3060-0065 Expires 9/30/98

FEDERAL COMMUNICATIONS COMMISSION

| FCC | FORM | 1 442 |
|-----|-------------|-------|
| 100 | | 1 776 |

| FOR FCC | |
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| USE ONLY | |
| ONLY | <u> </u> |

APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5
OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER THAN BROADCAST)

| APPLICANT NAME (Last, fir | | | | |
|--------------------------------|---|--|----------------------|--|
| | Avionics Inc.(dba) (Maximum 85 characters - | | | ic and Avionics Syst |
| | | refer to instruction | .2) on reverse | or form) |
| Art Ercolani | MS 37 (if required) (Maximum 85 | i characters) | | |
| | • | CHaracters, | ** | We will be a second of the sec |
| 400 N. Rogers | KOau | | | |
| Olathe | | | | |
| TATE OR COUNTRY (if for | eign address) | ZIP CODE | CALL SIG | N OR FILE NUMBER |
| KS | - | 66062 | | |
| | ct Fee Type Code for the se | | for Fee Type (| Codes may be found in FCC |
| | lumn (B) the Fee Multiple, if a | | | ult obtained from multiplying |
| e value of the Fee Type Co (A) | ide in Column (A) by the numl | ber entered in Column (C) | (B), if any. | |
| | FEE MULTIPLE | FEE DUE FOR | FEE TYPE | |
| FEE TYPE CODE | (if required) | CODE IN CO | LUMN (A) | FOR FCC USE ONLY |
| E A E | | \$ 45.00 | | |
| | | 45.00 | | L |
| | requirement to list m | en you are requesting or than one Fee Type | | ens which result in a |
| (A) FEE TYPE CODE | | · · · · · · | Code. | FOR FCC USE ONLY |
| (A) FEE TYPE CODE | requirement to list m (B) FEE MULTIPLE | ore than one Fee Type (C) FEE DUE FOR | Code. | |
| (A) | requirement to list m (B) FEE MULTIPLE | ore than one Fee Type (C) FEE DUE FOR | Code. | |
| (A) FEE TYPE CODE | requirement to list m (B) FEE MULTIPLE | ore than one Fee Type (C) FEE DUE FOR | Code. | |
| (A) FEE TYPE CODE | requirement to list m (B) FEE MULTIPLE | ore than one Fee Type (C) FEE DUE FOR | Code. | |
| (A) FEE TYPE CODE | requirement to list m (B) FEE MULTIPLE (if required) IN COLUMN C, LINES (1) HE TOTAL HERE. | ore than one Fee Type (C) FEE DUE FOR | FEE TYPE LUMN (A) | |