.

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

Applicant's Name and Post Office address (Street address, city, state, and ZIP Code. See Instruction No. 4)			DO NOT WRITE IN THIS BLOCK				
DAVID LONG BRIGHAM YOUNG UNIVERSITY 459 CLYDE BUILDING PROVO, UT 84602				0066-EX-PL-1999			
a). Application f	or (check or	ly one box)		2(b). For Modification indicate below:			
New station K Modification of existing authorization				File No: S-Z	353-EX-96 Call	sign: KS2XAB	
				rticulars to be mod	ified. Check either parameters in the	addition or re-	
		EMISSION -					
] addition or [] i		addition or	replacement?	addition or		ddition or 🛄 replacemen	
Frequency (state hether kHz or MHz)	peration (ape	POWER	<u></u>	EMISSION	MODULATING	NECESSARY BANDWIDT	
	(B)	(C)	(D)	(E)	(F)	(G)	
0-1000 MHz	10W	5EIRP	PEAK	200MPON	100, S. 5kHz	200000 kHz	
	·····						
			<u> </u>				
						· · · · · · · · · · · · · · · · · · ·	
]	
) Insert maxim	um RF. outpr	ut power at the	transmitter te	rminals. Specify u	red, attach as EXH1 nits. nission, specify pea)		
) Insert "MEAN	" or "PEAK" (See definitions	in Part 5).				

- (F) Insert as appropriate for the type of modulation:
 - (1) the maximum speed of keying in bauds;
 - (2) maximum audio modulating frequency;
 - (3) frequency deviation of carrier;
 - (4) pulse duration and repetition rate.
 - For complex emissions, describe in detail in the space provided below.
- (3) Describe how the necessary bandwidth was determined in space provided below.

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Maximum excursion of modulation around carrier

	oséd location of FIXED/BASE		MOBILE		BASE AND MOR	BILE
5 b). If pe	rmanently locat	ed at a H	IXED location, give be	alow:	5(c). If mobile,	describe the exact area of
State	County		City or Town		operation	
umber a	nd street (on oth	an india	ation of location)			THERN ARIZONA, COLORADO, NEVADA
5]]o)(1). Enter	r geographical coord	liantes exac	to the nearest second (se	ae instruction 10)		phical coordinates of the approximat operation (see instruction 10.)
North Latitud	de (DD-MM-SS)	1	West Longitude (DD-MM-SS)		North Latitude	West Longitude
a	з нэ 		o ,	**	40 [°]	″ ° 120°
id). Datu	m (see instructio	on 10):		NAD 27	NAD 83	
			than radar) used?	YES	NO	
	5, give the follo ith of beam in c	-	formation; At the half-power poin	ıt		
			ane		ation in vertical	plane
				·····		
	authorization to States Governm		_	_		ract with an agency of the
-				YES	NO	• •
II YES	\sim arread of VVU				describing the p	overnment project.
ls this by stat	7 and contact nu authorization to tions under the	imber.) be used jurisdicti	on of a foreign gover	pose of develo nment? YES X	ping radio equipn NO	nent for export to be emplo
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	Is the equipment listed in Item 18 capable of station identification pursuant to Section 5.152? 🔲 YES 🛛 🛛 NO								
1.85	Will the antenna extend more than 6 meters above the ground, or if mounted on an existing building, will it exter more than 6 meters above the building, or will the proposed antenna be mounted on an existing structure other than a building?								
	If "YES", give the following (see instruction 9): (a) Overall height above ground to tip of antenna is meters.								
	(b) Elevation of ground at antenna site above mean sea level is meters.								
	(c) Distance to nearest aircraft landing area is kilometers.								
	(d) List any natural formations of existing man-made structures (hills, trees, water tanks, towers, etc.) which, in the opinion of the applicant, would tend to shield the antenna from aircraft and thereby minimize the aeronautical hazard of the antenna.								
	(e) Submit as EXHIBIT No a vertical profile sketch of total structure including supporting building, if any, giving heights in meters above ground for all significant features. Clearly indicate existing portion, noting particulars of aviation obstruction lighting already available.								
13.	Applicant is (Check only one box)								
	INDIVIDUAL ASSOCIATION PARTNERSHIP CORPORATION								
	X OTHER (describe in space provided below)								
	Non-profit University								
17.	Is applicant a foreign government or a representative of a foreign government? YES Ky NO								
15.	Has applicant or any party to this application had any FCC station license or permit revoked or had any application for permit, license or renewal denied by this Commission?								
	If "YES", attach as EXHIBIT No a statement giving call sign of license or permit revoked and relate circumstances.								
15.	Will applicant be owner and operator of the station?								
90.	Give name, title, and telephone number (include area code), and Internet e-mail address (if applicable) of person who can best handle inquiries pertaining to this application.								
	DAVID LONG (801) 378-4383 long@ee.byu.edu								
<u>-</u> ;n.	APPLICANT ANTI-DRUG ABUSE CERTFICATION: By checking "YES", the individual applicant certifies that he or she is eligible for this license. This requires that he or she is not subject to a denial of federal benefits, including FCC benefits, as a result of a drug offense conviction pursuant to Section 5301 of the Anti- Drug Abuse Act of 1988, 21 U.S.C. 862. A non-individual applicant, e.g., corporation, partnership or other unincorporated association, certifies that no party to the application is subject to a denial of federal benefits, pursuant to that section. For definition of a "party" for these purposes, see 47 CFR 1.2002(b).								
:22	List below all exhibits in numerical sequence and the item number of form requiring the exhibit identified.								
EXH	IBIT NUMBER ITEM NO. OF FORM EXHIBIT NUMBER ITEM NO. OF FORM EXHIBIT NUMBER ITEM NO. OF FORM								
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	FCC Form 442 - Page March 19								

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23 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	day of	. 19	
Name of ApplicantD	AVID LONG/BRIGHAM YOUNG UNIVER	RSITY	
	lowst correspond with	name given on page 1)	
By DAVID LONG			
()	printi	lsignaturel	
Title ASSOCIATE PRO	FESSOR	-	
Check appropriate classific	ation:		
Individual applicant	Member of applicant partnership	p	
X Authorized employee	Office of applicant corporation of	or association	
TUL FALSE STATEMENTS M	ADE ON THIS FORM ARE PUNISHABLE BY	FINE AND/OR IMPRISONMEN	T (U.S. Code, Title

HILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title B Section 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 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 1934, as amended, and specified by Section 308 therein. The information will be used by Federal Communications Commission staff to determine eligibility 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 to obtain this authorization.

Public reporting burden for this collection of information is estimated to average four (4) hours per response, including the time for 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 auddress. Individuals are not required to respond to this collection unless it displays a currently valid DMB control number.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PL. 98-579, DECEMBER 31, 1974, 5 U.S.C. 552a(0)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, PL. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507,

. • Approved by OMB 3060-0065 Ekpires 9/30/98

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FEDERAL COMMUNICATIONS COMMISSION

FCC USE ONLY

FOR

FCC FORM 442

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

SECTION I				
APPLICANT NAME (Last, firs	st, middle initial)			
LONG, DAVID				
MAILING ADDRESS (Line 1)	- ·	refer to Instruction (2) on reverse of	form)
BRIGHAM YOUNG UNIVER		F - 1		····
MAILING ADDRESS (Line 2)	(If required) (Maximum 3	d Characters)	ъ.	
459 CLYDE BUILDING		······		
PROVO				
STATE OR COUNTRY (If fore	ign address)	ZIP CODE	CALL SIGN	OR FILE NUMBER
UT		84602	S-2353-EX-96	
Tee Filing Guides, Enter in Col. The value of the Fee Type Coc (A) FEE TYPE CODE E A E			(B), if any.	FOR FCC USE ONLY
SECTION II	•	en you are requesting o		which result in a
· ····	requirement to list m	nore than one Fee Type	Code.	
(A) FEE TYPE CODE	(B) FEE MULTIPLE (if required)	(C) FEE DUE FOR CODE IN CO		FOR FGC USE ONLY
(2)		\$		
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(4)		\$		
(4)		\$		
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March 1996