FCC 405 FEDERAL COMMUNICATION Washington	on, D.C. 20554	pproved by OM 3060-0093 Expires 03/31/94	1	ONLY			
Ε	st. Avg. Burden Hours Per Re	sponse: 2.25 Hrs	5.				
	EWAL OF RADIO STATION L PECIFIED SERVICES			File Number		Call Sign	
(Specified Services - FCC	Rules Parts 5, 21, 22, 23	Parts 5, 21, 22, 23 and 25)					
Read instructions and	Notice on Back Before Comp	on Back Before Completing		C	Class of Station		
1. Name of Applicant (must be identical with that shown on current authorization)			)	Call Sign or Other FCC Identitier (if applicable)			
Colorado State University  2. Mailing Street Address or P.O. Box, City, State and ZiP Code of Applicant				KC2XAF			
Department of Atmospheric Science, Colorado State Univ.  ATTN: Stephen Kancox Fort Collins, CO 80523			v.	3. Identify Rulepart under which this filing is made  Sec. 5202(a)			
4. Fee Data. Refer to 47 CFR Sec			a for informat		Use Only		
	Multiple, if required (c)				USE CHIY		
5. Application is for renewal of lic	ense in exact conformity will	in the existing iid	ense as spec	ified below:	<del> </del>		
(a) File Number	(b) Date Issued	(c) Call Si	gn	(d) Location	Ft. Colli	ns, CO	
1154-Ex-R-90	January 1, 19	93		Larimer (	•		
re) Nature of Service	(f) Class of Station	93   KC2XAF		NL:40 3600; WL:105 09 00 (g) Expiration Date			
Experimental	XR FX			October :	1 1993		
ems 7(a) and (b) apply to Part 2.1 (a) Has there been removal of equ If "YES," when:		es so as to rend	er the station	not operation	onai?		
(a) If this is a Multipoint Distribution affiliation with, or leasing arranged Applicant represents that there has	gement with a caple television	J Company	·		YES transfer of c	□ NC	
hanges in the applicant's relation to mbodying this information, as identi- leteric contained is hereby reaffirme	fied below, is to be considered. Note here any further exc	red as a part of	this application	n, and the tr	uth of the sta		
1154-Ex-R-90	Date Mar	ch 19, 1993					
. Would a Commission grant of this application come within 47 CFR 1.1307, such that it is significant environmental impact?  If "YES," attach as Exhibit No					YES	NO [Z]	
If "NO." explain briefly why n		rai Assessment r	equired by 4 /		. I.		
Applicant waives any claim to the ower of the United States because tense in accordance with this applicance undersigned, individually and formplete and correct to the best of	of the crevious use of the station. Applicant acknowledges or the applicant, hereby certif	ov or of the electione. Whether by that all attached es that the state	license or of Lexhibits are ments made if	inerwise, and a material pa n this applica	requests a s art hereof,		
0/10/10	Applicant (must correspond wido State University	vith item 1)	٢	itle of Applu	cant (if any)		
Stephen K. Cox	Cesignate Appropriate NOIV. MEM. ( APPL. PART.	OF STORES	& NEM. OF TH	E AUTH. OF CO		CIAL OF	
ciliful false statements made on the difference of the difference	his form are punishable by	fine and/or imp	risonment (U.	S. Code, Til	tle 18, Sectio	n 1001)	