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 File No.				
General Atomics Aeronautical Systems, Inc. 16761 Via Del Campo Court San Diego, California 92127-1713					6207-EX-PL-1998 WAYMD			
2(a). Application	n for (check o	only one box)		2(b). For Modificat	on indicate belov	<u></u>		
New station	_	odification of exist	ing authorization					
3. Application f	or Modificatio	n: Check the h	oox beside all pa	File No: rticulars to be modif or a replacement of	led. Check either	Sign: addition or re- current authorization		
X FREQUENCY -		EMISSION	_	POWER -	·			
	replacement?	addition (or replacement?	addition or [] r	eptacement?	ddition or replacement?		
4. Particulars of					T			
Frequency (state whether kHz or MHz)	WTB. 18	POWER		EMISSION	MODULATING SIGNAL	NECESSARY BANDWIDTH		
(A)	(B)	(C)	(D)	(E)	(F) 7.5 MHZ	(G) 20 MHZ		
5300-5400MHZ	1/W(output	27DBW	Mean	20MBF9W	7.3 MAZ	ZU AHZ		
5525-5850MHZ	1/W	51DBW	Mean	1MBF9W	7.5 MHZ	1 MHZ		
118.0 MHZ to								
136.97 MHZ	7W	7W	Mean	6K00A3E	AM	25 KHZ		
(A) List each f	requency or f	requency bend	company (If	more space is require	d attach as EVHI	DIT No.		
	-		- •	rminals. Specify uni		DII NO.		
(C) Insert max units.	imum effectiv	e radiated pov	ver from the an	tenna (If pulsed emis	sion, specify peal	k power). Specify		
(D) Insert "ME.	AN" or "PEAK"	(See definition	ıs in Part 5).					
	· ·	=	=	cy. (See Section 2.20)	of FCC Rules.)			
_	-	the type of m f keying in ba						
(2) maximu	m audio modu	lating frequen						
	cy deviation (iration and rej		.0015%					
-			N/A il in the space p	rovided below.				
(G) Describe he		ary bandwidth		i in space provided b	pelow. FCC	Form 442 - Page 2 March 1996		

- D(a,	_	osed location of tr FIXED/BASE	ransmitter	and tran		antenna (only one box to Indica BASE AND MOBILE	te type of operation):
5(b) Sta		rmanently located		D location		elow:		5(c). If mobile, describe operation	oe the exact area of
HI		KAUAI		CEKAHA	•••			100 NW DADTIIC	
Nu	mber a	nd street (or other	r indication	of locat	tion)			100 NM RADIUS	
5(b)	(1). Enter	geographical coordian	tes exact to	the nearest	second (s	ee instruction	10)	5(c)(1)Enter geographical co center of mobile operation	oordinates of the approximate (see instruction 10.)
	h Latitud o	e (D0-MM-SS) 01 ' 00 "	1	Longitude (I	DD-MM-SS; 47	00 "		North Latitude	West Longitude
5(d)	. Datun	n (see instruction	10):	•••••	🗆	NAD 27		NAD 83	
	If "YES	ectional antenna , give the followi th of beam in deg	ing inform	ation:		YES		NO	
							rienta	ation in vertical plane	
		authorization to b States Governme		fulfilling		uirement YES	of a g	overnment contract w	ith an agency of the
		, attach as EXHIB and contact num		ibit l	_ a narra	ative state	ment	describing the government	ment project,
		authorization to b ons under the ju				nment?			or export to be employed
ſ	f "YES", name o	, attach as EXHIBI f the foreign gov	T No vernment o	oncerned	ine fol	YES lowing in	X Forma	NO tion: Provide the contr	act number and the
		authorization to be s not the objectiv					essent	ilal to a research project	ct? (The radio communi-
(a) A de	escription of the r	nature of t	he resear	ch proje	ct being c	ment onduc	provding the following	<u>.</u>
		nowing that existi						-	project involved.
i	n detai	i the following:							tive statement describing
	and	theory of operations specific objective	on.		-	_	pposed	including description	or equipment
	c) How		experiment	tation ha	s a reaso.	nable proi		of contribution to the d	evelopment, extension,
	in this	s application: <u>Ind</u>	efinite e the leng	- on go th of tim	ing gov	yernment ths that t	proc	nplete the program of curement and flight chorization requested in	
12.	Would		ant of this	s applicat!	lon come	within S	_		s, such that it may have a
							L] nental	YES X NO Assessment as require	d by Section 1.1811.
13.	MANU	elow transmitting FACTURER Ta Monolithics	_	t to be in	stalled (MODEL 12342	NUMB	ER	NO. OF UNITS

14.	Is the equipment listed in Item 13 capable of station identification pursuant to Section 5.152? YES X NO								
15.	Will the antenna extend more than 6 meters above the ground, or if mounted on an existing building, will it extermore than 6 meters above the building, or will the proposed antenna be mounted on an existing structure other than a building? YES X NO								
	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.								
6.	Applicant is: (Check only one box)								
	☐ INDIVIDUAL ☐ ASSOCIATION ☐ PARTNERSHIP K CORPORATION								
	OTHER (describe in space provided below)								
17.	Is applicant a foreign government or a representative of a foreign government?								
8.	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? YES NO								
	If "YES", attach as EXHIBIT No, a statement giving call sign of license or permit revoked and relate circumstances.								
9.	Will applicant be owner and operator of the station?								
20.	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. J.E. Lathrop, Director of Programs, General Atomics Aeronautical Systems, Inc.; (619) 455-2629; Jon.Lathrop@gat.com (e-mail)								
21.	APPLICANT ANTI-DRUG ABUSE CERTIFICATION:								
	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 530i 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).								
2.	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								
	1 7								

-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:
 - (1) 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 thi	s 30 G	day of	one_	_ , 19 98
Name of Applicant _	General Atomics Ae	ronautical systems	s, Inc.	
	lmus	t correspond with name	iven of page 11	
By J.E. Lathrop)		2 Call	
	(print)		(signature)	
Title Director of	Programs, General	Atomics Aeronautio	cal Systems, Inc.	
Check appropriate classi	ification:			
Individual applican	t	leant partnership		
Authorized employe	ee Office of applica	ant corporation or asso	oclation	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18 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 address.** 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. 3507.

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Approved by OMB 3060-0065 Expires 9/30/98

SECTION

APPLICANT NAME (Last, first, middle initial)

FEDERAL COMMUNICATIONS COMMISSION

FCC FORM 442

FOR FCC USE ONLY	
FCC	
ONLY	

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General Atomics Aeronautical Systems, Inc.							
MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)							
MAILING ADDRESS (Line 2) (if required) (Maximum 85 characters)							
CITY	CITY						
San Diego							
STATE OR COUNTRY (if for	eign address)	ZIP CODE	CALL SIGN OR FILE NUMBER				
California		92127-1713					
			Fee Type Codes may be found in FCC				
	de in Column (A) by the number		(C) the result obtained from multiplying if any.				
(A)	(B)	(C)					
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE					
(1)	111111111111111111111111111111111111111	CODE NA COECNA					
E A E	::	\$ 45.00					
SECTION II	- To be used only when	you are requesting conc	urrent actions which result in a				
		than one Fee Type Co	1				
(A)	(D)	(0)					
FEE TYPE CODE	(B) ´ FEE MULTIPLE	(C) FEE DUE FOR FEE	TYPE FOR ECC USE ONLY				
	(if required)	CODE IN COLUM	######################################				
(2)		s	1 1				
			[
(3)		s					
1							
(4)		\$					
(5)		\$					
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1)							
THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING FOR FCC USE ONLY							
PEMITTANCE							
	•	\$ 45.00	45 63				