· -	COMMUNICATION Nashington, D.C.		300	red by OMB 50-0093 s 03/31/94	FCC USE	ONLY			
	Est. Avg.	Burden Hours Pe	er Respons		05-04 0	· · · ·			
APPLICATION FOR RENEWAL OF RADIO STATIO IN SPECIFIED SERVICES				05-06-0 DN LICENSE			20072	OO1	 Jn
(Specified Service	es - FCC Rules	Parts 5, 21, 22	, 23 and 2	25)	0500	EXT	2-93		
Read Instruction	ons and Notice o	n Back Before (Completing		Service		Clas:	s of Station	i• <u>-</u>
1. Name of Applicant (mu		ith that shown o	on current	authorization)		Call S		ther FCC Ide	
Philip E.					KA 2XUK				
		State and ZIP Code of Applicant add, West Creek, NJ 08092			3. Identify Rulepart under which this filing is made Part 5				
4. Fee Data. Refer to 47	CFR Section 1.1	105 or to appro	opriate Fee	Filing Guide	for informa	tion.	FCC Us	-	ţ
(a) Fee Type Code (b) Fee Mu		le, if required (c) Fee Due for Fee Type Cod			Type Code	in 4(a)	•		. .
5. Application is for rene	wal of license in	exact conform			ense as spe	cified b	elow:		
a) File Number		(b) Date Issue		(c) Call Sig				(Ocean), N	i.1
3230-EX-ML-92		Oet. 6,	1992	KA2XUK		NL 3		28; WL	74 19
e) Nature of Service	(f) Class of Station				(g) Expiration Date				
Experimental		XB FX				Jul	y 1, 1	.9 9 3	
. Note any changes such	as discontinuance	of use of a f	requency,	or of a type	of emission	or of	a transmi	tter which	have been
tems 7(a) and (b) apply to 7(a) Has there been remov If "YES," when:			facilities s	o as to rend	ler the static	n not d	operationa	I? YES	□ NO
(b) If this is a Multipoint affiliation with, or leads. Applicant represents the changes in the applicant's embodying this information herein contained is hereby file No.	asing arrangement at there has been relation to the st , as identified be	with a cable te no change in a ation, or financia alow, is to be c	levision co pplicant's c al responsil onsidered	impany? organization a oility; that app as a part of	nd that there plicant's mos this applicati	has be t recen	een no tr t applicati the truth	on or repo	rt
9. Would a Commission g significant environmenta	il impact?			,		•		YES	X NO
If "YES," attach as If "NO," explain bri		an Envi	Orinemar .		edanea ny	-/ UFR	1, 13 1 1,		
a. Applicant waives any cla bower of the United State icense in accordance with b. The undersigned, individ complete and correct to t	s because of the this application, ually and for the	f any particular f e previous use o Applicant acknow applicant, hereby	of the same wledges the y certifies	or of the ele e, whether by at all attached that the state	y license or d exhibits ar ements made	otherw e a mai in this	ise, and r terial part	equests a s hereof.	itation
Date May 1, 1993	• •	ant (must corres Galasso	spond with	Item 1)		Title o	f Applica	nt (if any)	
Hily C. Halasso		Designate Appropriate Classification							
		INDIV. MEM. OF OFFICER & MEM. OF APPLICANT'S ASSOC.				THE [AUTH, R OF CORF		ICIAL OF /T. ENTITY
Villful false statements ind/or revocation of any J.S. Code, Title 47, Sect	/ station license								