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

		t Office address, and ZIP Code.		DO NOT WRITE IN THIS BLOCK File No.						
3000 Minu		<b>pany</b> M/S 0230 <b>tts 01810-</b> 1	1099	5413-EX-PL-96						
%(a). Application	for (check	only one box)		2(b). For Modifica	ation indicate belo	w:				
New station	□ м	odification of existi	ng authorization	File No.:						
				articulars to be mod	ified. Check either	Sign: addition or re- current authorization				
FREQUENCY -		EMISSION	<del></del>	POWER - LOCATION -						
4. Particulars of frequency istale	Operation (se	ee instruction b	elow)	EMISSION	MODULATING	NECESSARY BANDWIDTH				
whether kHz or MHz)	(B)	POWER (C)	(D)	(E)	SIGNAL (F)	(KHz) (G)				
.70-476 MHz	4 mW	4 =W	Peak	16K0F1D	9.6 Kbaud	16 KHz				
482-488 MHz	4 mW	4 mW	Peak	16K0F1D	9.6 Kbaud	16 KHz				
(B) Insert maxi	mum R.F. out	put power at th	e transmitter t	more space is requi erminals. Specify un itenna (If pulsed em	nits.					
(F) insert as ap (1) the max (2) maximum (3) frequence (4) pulse du	pe of emission propriate for imum speed of maudio moduley deviation ration and re	on separately for the type of mo of keying in bar dating frequence of carrier; petition rate.	or each frequer odulation: uds; cy;	ncy. (See Section 2.20	Ol of FCC Rules)					
(G) Describe ho	w the necess		was determine	provided below. d in space provided .33	below. FC	C Form 442 - Page 2 March 1996				

, 5(a)		sed location of trans: IXED/BASE	mitter and tran		antenna (			ne box		te type	of oper	ation):
5(b)	. If per	manently located at	a FIXED location	n. give b	elow:		5(c).	If mobile	e describ	e the	exact are	ea of
Stat		County	City or To					operation				
	AL	Madison	Hunts	ville			╛,	Within	confir	nee of	:	
Nur	mber ar	d street (or other inc	dication of loca	tion)				Huntsvi			=	
	101 S1	vley Road		ŧ						.c.		
5(b)	(1), Enter	geographical coordiantes e	exact to the neares	st second (s	see instruction	10)	1	Enter geog				•
Norti	h Latitude	(DD-MM-SS)	West Longitude	(DD-MM-SS	5) ,,	······································	North	Latitude ,	,,	West	Longitude	,,
34	· /4	43 13	86 °	34	49		34°	43	13	86	34	49
5(d)	. Datum	(see instruction 10):		<b>x</b>	NAD 27		NAD	83				
6.	ls a dire	ctional antenna (oth	er than radar)	used?	YES	<b>x</b>	NO					
		give the following										
		h of beam in degree	<del>-</del>	-					,			
(	(b) Orie	ntation in horizontal	plane		(c) (	rient	ation i	n vertica	il plane			
7.	Is this a	uthorization to be us	sed for fulfillin	g the rec	quirement	of a g	overn	ment cor	ntract w	ith an	agency o	of the
		States Government?			YES		-					
1	If "YES"	attach as EXHIBIT N	io	a narr		ment	_	oing the	governi	ment p	roject,	
á	agency	and contact number.										
		uthorization to be us ons under the jurisdi				evelor	oing ra	dio equip	oment fo	or expo	ort to be	employed
		attach as EXHIBIT N the foreign govern			YES llowing in	<b>L</b> forma	NO ition: P	rovide tl	he contra	act nur	nber and	the
Ċ	cation is	uthorization to be us s not the objective of	f the research	project).	YES		NO					ommuni-
		attach as EXHIBIT N scription of the natu						ng the i	ollowing	inior	mauon:	
(	(b) A sh	owing that the commowing that existing	nunications fac	ilities rec	quested are	nece	ssary i	for the r	esearch	project	involve	id.
10.	If all th	e answers to Items 7,	, 8, and 9, are "I	NO", attacl	h as EXHIB	IT No.		1	, a narra	tive sta	atement	describing
	(a) The	the following: complete program of theory of operation.	research and	experime	ntation pr	posed	inclu	ding des	cription	of equi	ipment	
	(b) The	specific objectives so				_						
(		the program of expension, or utilization			•					evelopi	nent, ex	tension,
II(a)		n estimate of the lea	<del></del>							experin	nentation	n propose
		application:2	V				•			•		- •
(b)		than 2 years, give the required:				he au	thoriza	tion req	uested in	n this a	pplicatio	n
12.		a Commission grant				ection	1.1307	of the F	CC Rules	such t	hat it m	ay have a
	-	cant environmental					YES		NO NO	d b 0	46 111	011
	·	5", attach as EXHIBIT							require	a by S	ection i.i	<b>311.</b>
13.	MANUF	low transmitting equaCTURER	_	nstalled (	(if experim MODEL			te):			NO. C	OF UNITS
	Hewle	tt-Packard Comp	any	-	M1403A						200	(max.)
	See E	xhibit l regard	ing ëxperim	ental n	nature of	f tra	nsmit	ter.				

15.										
	Will the antenna ex more than 6 meters than a building?	ktend mor above the	e than 6 meters are building, or wil	above the ground, of the proposed ante	nna be mo	ed on an existin unted on an exis	g bu sting	ilding, structu	will it re oth	ext
	If "YES", give the following (see instruction 9):  (a) Overall height above ground to tip of antenna is meters.									
	(b) Elevation of grou									
	(c) Distance to nearest aircraft landing area is kil									
	(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.									
	Note: antenna	a will i	be located wi	thin interior o	of hospit	al building.				
		ights in m	neters above grou	tical profile sketch ind for all significa ighting already ava	int feature					
5.	Applicant is: (Check	only one b	ox)							
	☐ INDIVIDUAL	ASSC	OCIATION	☐ PARTNERSHIF	· <b>I</b>	CORPORATION				
	OTHER (describe	in space	provided below)	•						
					·	·				
	Is applicant a foreign	n governi	ment or a represe	entative of a foreig	n governm	nent?		YES	<b>X</b>	NC
	Has applicant or any application for perm					permit revoked	or	had any		
	application for perm If "YES", attach as EX			-		license or nerm		YES	x	NO
	revoked and relate of			r statement giving		ncense of perm				
									-	
<del></del>	Will applicant be ow	ner and	operator of the st	tation?			X	YES		NO
	Will applicant be ow				nternet e-m	nail address (if a				
	Give name, title, and who can best handle	telephone inquirles	e number (includ s pertaining to th	e area code), and In			pplic			
	Give name, title, and who can best handle Larry Trask, Go	telephone inquirles	e number (includ s pertaining to th Godles, Wien	te area code), and In his application. her & Wright, 1	229 19th	Street, N.W.	pplic	able) o	f perso	
).	Give name, title, and who can best handle	telephone inquirles oldberg, 2003	e number (includ s pertaining to the Godles, Wien 66 (202) 429-	e area code), and In	229 19th	Street, N.W.	pplic	able) o	f perso	
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).	Give name, title, and who can best handle Larry Trask, Go Washington, D.C  APPLICANT ANTI-DRU By checking "YES", the or she is not subjective.	telephone inquiries oldberg, 2003  G ABUSE he individed to a de	e number (includes pertaining to the Godles, Wien 16 (202) 429- CERTFICATION: dividual applicant cere enial of federal in	te area code), and In this application.  The wright, 1-4900 (V), (202)  The tifles that he or shopenefits, including	229 19th ) 429-49 e is eligible FCC benefi	Street, N.W. 12 (F), 1trase of for this license ts, as a result of	pplic	able) of 2w2.co	res thense	on at
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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:
  - (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 this	Fifth	day of	November	, 19 <u><b>96</b></u>
Name of Applicant	lewlett-Päckard (	Company		
	lmus	t correspond with name	given on page 1)	
By <u>Elizabeth M.</u>	George	Elec	sabeth M. S	wre
lpr	int)		(signature)	
Title Regulatory Af	fairs Manager			, and the second
Check appropriate classification	cion:			
Individual applicant	Member of appli	cant partnership		
X Authorized employee	Office of applica	nt corporation or as	ssociation	
WILLFUL FALSE STATEMENTS MAD			•	•
18 Section 1001), AND/OR REVOCA Section 312(a)(1), AND/OR FORFEIT			STRUCTION PERMIT (U.	.S. Code, Title 47,

## 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 Individuals are not required to respond to this collection unless it displays a currently valid OMB control number. address.

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. 9507.