FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

APPROVED BY OM8 3060-0055 Expires 9/30/98

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

Applicant's Na	me and Post C	FCIco address				
i. Applicant's Name and Post Office address (Street address city, state, and ZIP Code See instruction No. 4)			File No.	NOT WRITE IN TH	RI BEOCK	
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New Statlon		fication of existing au		Pile No:	Call S	
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FREQUENCY -		_ EWI321ON ~		POWER -	LOCA	TION -
3 addition or []	replacement?	addition or 🚺	replacement?	🗌 əddilibn ar 🔲 rej	itacemen(7 📋 ad	dition of . 🔲 replacemen
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	N of Peak"	See definitions in	Part St.		•	
E) List each ty	pe of emission	separately for e	oh Trequen	cy. (See Section 220)	of FCC Rujes)	
		the type of modul Reying in builds		•		
		fine Ledford.			•	•
(g) [reduction	y deviation o	f ourrier:				
	ration and reg					
		soribe in detail in ry bandwidth we		provided below. d iz space provided :	helatr FC(C Form 442 - Page
Powe	in Specti	Al Density	Funct	ion (PSDF)		March 19
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OCT 11 '	96 15:03					ine PAGE.00

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a). Propos	ed loostlon of trai	namilter and transmitti	og antenna (check	enty one box to ind	licate type of operation):
b) if nem	materilly less ted	at a FIXED location, give	_	· · · · · · · · · · · · · · · · · · ·	<u> </u>
late	County	City or Town	c Delow:	operation	cribe the exact area of
umber an	d street (or other	Indication of location		/MANS pans	able INMERSAY B Terminal
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COXIL Enter	deochabhical coorginus	s exact to the nearest secon	d (see instruction 10)		i coordinates of the approximate
oth Latitude	(D-MM-55)	West Longitude CO-MM	-35	North Latitude	kion (see instruction 10.) Wask Lanskude
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is). Datum	(see instruction i	0):	NAD 27	NAD 60	
. Is a dire	otional antenna (e give the followin	other than radar) used?	V YES C] ио	
		ecs at the helf-power	point 15	٥	
		al plane		tation in vertical pla	We
. Is this a	inthorization to be States Governmen	used for fulfilling the		government contrac	t with an agency of the
	_ · _ · _ · _ · · · · · · · · · · · · ·	_) no	
agency	attach as EXHIBIT and contact numb	' No 4. I	arrative statemen	t describing the gove	wnment project
. Is this a by stati	uthorization to be ons under the jur	used for the exclusive sdiction of a foreign g	purpose of develo	plug redio equipmen	at for export to be employed
if "YES".	, attach as EXHIBI I the foreign gove	No the		NO nation: Provide the co	ontract number and the
cation !	z not the objective	essed for providing con of the research project	:(). □ yes [7 NO	roject? (The radio communi-
(b) A 44	secription of the n lowing that the co	ature of the research promunications facilities at communications faci	rajest being cond: requested are new	ected. Deserv for the resea	•
(a) The	combjete bcokism h rije tongajitki	s 7. 8, and 9, are "NO", at of research and exper			errative statement describing
(b) The	the program of a	is sought to be accomplis	easonable promise	of contribution to the	he development, extension,
la). Give	an estimate of the				of experimentation proposed
(b) If less	s than 2 years, gives required:	e the length of Ume in	menths that the	neupor gollegirodus	ed in this application
. Would	i a Commission gr	ant of this application : tal impact (see instruct	come within Section I)?		Rules, such that it may have a
_	_	Mr No.		L YES Life Manual as rec	NO quired by Seotion 11311
ie. Liet b Manu	elow transmitting FACTURER	equipment to be install	ed (if experiment MODEL NU		NO. OF UNITS
MOB	ILE TELESY	rs TEMS	TCS-	7700	5
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	s the equipment listed in liem E capable of station identification pursuant to Section 5.522 TYPS IN NO							
	Will the antenna extend more than 6 meters above the ground, or if mounted on an existing building, will it extend more than 6 meters above the building, or will the proposed antenna be mounted on an existing structure other than a building? YES VO							
	If "YES", give the following (see instruction 8): (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 sircraft 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: (fack only one bes)							
	☐ INDIVIDUAL ☐ ASSOCIATION ☐ PARTNERSHIP ☐ CORPORATION							
	OTHER (describe in space provided below)							
<u>-</u>	Is applicant a foreign government or a representative of a foreign government? YES NO							
19.	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 decided by this Commission? If "YES", attach as EXHIBIT No a statement giving call sign of license or permit revoked and relate circumstances.							
 1E.	Will applicant be owner and operator of the station?							
ial	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.							
SAL	who can best handle inquiries pertaining to this application.							
; n).	who can best handle inquiries pertaining to this application. Denalo A. Ulliams P/COO 301-590-8550 APPLICANT ANTI-DRUG ABUSE CERTFICATION: By checking TET, 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 banefits, including FCC benefits, as a right of a drug offense conviction pursuant to Section 580 of the Anti-Drug Abuse Act of 1986, 21 U.S.C. 802. A non-individual applicant ag. 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.							
23.	who can best handle inquiries pertaining to this application. Denalo A. Ulliams P/COO 301-590-8550 APPLICANT ANTI-DRUG ABUSE CERTFICATION: By checking TET, 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 banefits, including FCC benefits, as a right of a drug offense conviction pursuant to Section 580 of the Anti-Drug Abuse Act of 1986, 21 U.S.C. 802. A non-individual applicant ag. 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.							
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;g.	who can best handle inquiries pertaining to this application. Denalo A. Williams VP/COO 301-590-8550 Applicant anti-drug abuse certification: By checking TES, 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 parament to Section 58th of the Anti-Drug Abuse Act of 1986, 21 U.S.C. 802. A non-individual applicant ag. corporation, partnership or other unincorporated association, certifies that no party to the application is subject to a denial of federal benefits, pursuant to that socilon for definition of a "party" for these purposes, see 47 CFR 12002(b). List below all exhibits in numerical sequence and the item number of form requiring the exhibit identified.							
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CERTIFICATION:

Attention: Read this certification exceptly before signing this application.

THE APPLICANT CERTIFIES THAT:

- (a) Copies of PCC 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
 - (6) 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 teamstory bot	ver of the USA.			
Signed and dated this	971	day of	Nov.	
Name of Applicant	MOBILE	TELESYS	TEMS, I	vc ,
By Donald	10088 A. William nti		WZ W	la de la companya della companya della companya de la companya della companya del
Title V. P. /C			·	
Check appropriate classificati	ion:			
Individual applicant	Member of applic	cant partnership		
Authorized employee	Office of applica	nt corporation or	association	,
IVILLEUL FALSE STATEMENTS MAD 14 Section 1001), AND/OR REVOCA Section 8126018, AND/OR FORFERN	TION OF ANY STATIC	n Licenșe or c		•

NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

information pidested through this form is authorized by the Communications Act of 1934, as amended, and specified by Section 808 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 0.489 of the FCC Rules and Regulations. Your response is required to obtain this authorization.

thatic reporting burden for this collection of information is estimated to average four (4) hours per response, including the time for reviewing instructions, searching existing date sources, gathering and meintaining 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 Franch, Paperwork Reduction Project (3060-0065), Washington, DC 20554. DO NOT send completed applications to this individuals are not required to respond to inits collection unless it displays a currently valid CMB control number.

"He foregoing notice is required by the privacy act of 1974, PL 93-679, december 91, 1974, 6 U.S.C. 6524(4)(6). And the paperwork reduction act of 1990, pl. 90-cil december 11, 1980, 44 U.S.C. 9507.

> FCC Form 442 - Page 5 March 1996

Approved by DM8 0050-0065

E (pires 9/30/98

FEDERAL COMMUNICATIONS COMMISSION

FCC FORM 442

FOR FCC USE ONLY-

1998 - 19

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

SECTION !						
APPLICANT NAME (Last, first, middle initial)	APPLICANT NAME (Last, flist, middle initial)					
MOBILE TELESYSTEMS INC						
MAILING ADDRESS (Line 1) (Maximum 35 characters - ref	er to Instruction (2)	on reverse of form)				
205 PERRY PARK	WAV					
MAILING ADDRESS (Line 2) (if required) (Maximum 36 ch	STOCIATE)					
CITY						
GAITHERSBURG		•				
STATE OR COUNTRY OF foreign address) ZIP CODE CALL SIGN OR FILE NUMBER						
MARYLAND	20877	WAZXED				
Enter in Column (A) the correct Fee Type Code for the service you are applying for, Fee Type Codes may be found in FCC						
Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying						
the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any,						
(A) (B) (C)						
FEE TYPE CODE FEE MULTIPLE FEE DUE FOR FEE TYPE (If required) CODE IN COLUMN (A)						
(1) CODE IN COLUMN (A)						
E A E \$ 45.00						
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SECTION II	— To be used only when requirement to list mo	you are requesting concurrent action than one Fee Type Code.	as which result to a .
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(2).		\$	
(3)		•	
(4)		*	
(5)		*	
ADD ALL AMOUNTS SHOWN THROUGH 63, AND ENTER TO THIS AMOUNT SHOULD EQUINEMITTANCE.	HE TOTAL HERE	SOTAL AMOUNT REMITTED WITH THE PILATEN \$ 45.00	

It is form has been authorized for reproduction.

FCC Form 422 March 1996