APPROVED BY OMB 3060-0065 Expires 9/30/98

March 1996

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

i. Applicant's (Street add No. 4)	Name and Politress, city, state	st Office addres , and ZIP Code.	DO NOT WRITE IN THIS BLOCK File No.				
49 Old	nt Communic Bloomfield I n Lakes, NJ	Road		540	5-EX-P	L-96	
2(a). Application	on for (check	only one box)		2(b). For Modificati	on indicate belo	ow:	
X New stati	on 🔲 M	odification of existi	ng authorization				
8. Application placement to	for Modification indicate whet	on: Check the b ther the change	ox beside all pa	File No.: .rticulars to be modifi or a replacement of r		l Sign: r addition or re- e current authorization	
LJ FREQUENCY	-	EMISSION	_	POWER -		CATION -	
addition or	replacement?	o noitibbe	r [] replacement?			addition or replacement?	
Frequency (state whether kHz or MHz)		e instruction be	elow)	EMISSION	MODULATING	NECESSARY BANDWIDTH	
(A)	(B)	(C)	(D)	(E)	SIGNAL (F)	(KHz) (G)	
Base Transmit 1930 - 1945	30 watts	0.5				(6)	
MHz	30 Watts	0.5 watts	Peak	200 KW 7W	270 Kb/s	200 KHZ	
bile Transmit 1850-1865	1.0 watts	1.0 watts	Peak	200 KW 7W	270 Kb/s	200 KHz	
		(See or	wenting +				
(C) Insert maximits. (D) Insert "MEA(E) List each ty(F) insert as ap	imum effective AN" or "PEAK" ("pe of emission propriate for t	radiated power string radiated powers	transmitter terer from the anterior from the anterior in Part 5). each frequency in a second control in the second frequency	nore space is required minals. Specify units enna (if pulsed emissi enna (if spulsed emissi y. (See Section 2.20) o	ion, specify peal		
(2) maximur (3) frequenc (4) pulse dur	n audio modula by deviation of ration and repa	ating frequency carrier; etition rate.	<i>r</i> ;				
For complex	emissions, des	scribe in detail	in the space pro vas determined	ovided below. in space provided bel	low. FCC	Form 442 - Page 2	

State Mobile State Mobile State Mobile State Mobile State County City or Town The Marian Indianapolis Mithin Warehouse Building operation State County City or Town Mithin Warehouse Building operation State County City or Town Mithin Warehouse Building operated State County State State County State S	AUT TOUS	HADITE SECTIONS			Various (All typ	pe a	ccepte	d)				Exceed nytime
FixED/FASS MOBILE FixED FixED MOBILE MOBI	Norther	ACTURER 1 Telecom (Norte)		stalled (ii	MODEL N	UMBE):			1	
FIXED/PASE MOBILE RASE AND MOBILE State County City or Town Todianapolis Todiana							Assessn	ment as:	required	l by Se	etion 1.18	311.
FIXED/BASE	l2. Would	a Commission grant	of this applicati	on come	within Sec	tlon			_	such t	hat it ma	ay have a
FIXED/BASE MOBILE Mobile	(b) If less	than 2 years, give th	e length of tim	e in mon	 ths that th 	e auti	horizatio	on reque	ested in	this ap	pplication	n
FIXED/BASE MOBILE Scale MOBILE State Mobile	ll(a). Give a	an estimate of the len	gth of time tha							xperim	entation	n proposed
State County City or fown Indianapolis State County City or fown Indianapolis State County State State County Indianapolis I	(c) How expa	the program of expension, or utilization of	rimentation ha of the radio art,	s a reason or is alor	ng line not	alrea	dy inve	estigated				
State County City or Town Indianapolis Marion Indianapolis Within Warehouse Building at 6402 Corporate Drive Stole County City or Town Indianapolis Within Warehouse Building at 6402 Corporate Drive Stole County City or Town Within Warehouse Building at 6402 Corporate Drive Stole County Corporate Drive Stole Corporate Drive Corporate D	and (b) The	theory of operation. specific objectives so	ught to be accor	mplished.								
MOBILE MOBILE MOBILE MOBILE MOBILE MOBILE	111 00001	tine rome wing.										describing
FIXED/BASE	(c) A sn	lowing that existing (communications	facilities	are inade	quate	.	•				
State County City or Town Tindianapolis Within Warehouse Building at 6402 Corporate Drive S(b), Enter geographical coordinates exact to the nearest second (see instruction 10) S(c)((Enter geographical coordinates of the approximate center of mobile operation (see instruction 10) S(c)((Enter geographical coordinates of the approximate center of mobile operation (see instruction 10) North Latitude (DD-MM-SS) West Longstude (DD-MM-SS) North Latitude Department of mobile operation (see instruction 10) North Latitude West Longstude (DD-MM-SS) North Latitude West Longstude West Longstude (DD-MM-SS) North Latitude West Longstude West Longstude North Latitude West Longstude North Latitude West Longstude West Longstude North Latitude North Latitude West Longstude North Latitude West Longstude North Latitude North Latitud	(a) A Qe	escription of the natu	re of the resear	ch projec	tive staten	nduc	provdin ted.					•
State County City or Town Todianapolis Within Warehouse Building at 6402 Corporate Drive State County City or Town Todianapolis Within Warehouse Building at 6402 Corporate Drive Indianapolis Within Warehouse Building at 6402 Corporate Drive Indianapolis Indianapo	cauon 1	s not the objective of	the research p	roject).	VFS	[X]	NO					ommuni-
State County City or Town State County City or Town Todianapolis Within Warehouse Building at 6402 Corporate Drive Indianapolis State County Indianapolis Within Warehouse Building at 6402 Corporate Drive Indianapolis Indianapol	name o	f the foreign govern	ment concerned		lowing inf	orma	tion: Pro					
FIXED/BASE	8. Is this a by stati	authorization to be us ons under the jurisdi	ed for the excluding extending of a foreign	usive pur gn gover	pose of de nment?	velop	ing rad	io equip	ment fo	or expo	rt to be	employed
FIXED/BASE	If "YES" agency	, attach as EXHIBIT N and contact number.	o	_ a narra	ative stater	nent	describi	ng the	governi	nent pr	roject,	
FIXED/BASE MOBILE BASE AND MOBILE 5(b). If permanently located at a FIXED location, give below: State County City or Town IN Marion Indianapolis Number and street (or other indication of location) 6402 Corporate Drive Mest Longitude (DD-MM-SS) North Latitude (DD-MM-SS) West Longitude (DD-MM-SS) 39 ° 52 ′ 12 ″ 86° 15 ′ 56″ 5(d). Datum (see instruction 10): X NAD 27 NAD 83 6. Is a directional antenna (other than radar) used? YES NO	United	States Government?			YES	X	NO					of the
FIXED/BASE												
FIXED/BASE	(a) Wid	th of beam in degree	s at the half-po					-				
FIXED/BASE				used?	YES	<u> </u>					<u> </u>	
FIXED/BASE MOBILE MOBILE MOBILE MOBILE	5(d). Datum	n (see instruction 10):		x	NAD 27		NAD 8	33	·	<u> 00</u>	15	<u> </u>
FIXED/BASE MOBILE 5(b). If permanently located at a FIXED location, give below: State County City or Town IN Marion Indianapolis Number and street (or other indication of location) 6402 Corporate Drive 5(c). If mobile, describe the exact area of operation Within Warehouse Building at 6402 Corporate Drive Indianapolis, IN 5(b)(1). Enter geographical coordinates exact to the nearest second (see instruction 10) North letited (CD-MAA SS)			_						12	0	•	,, F.C
FIXED/BASE MOBILE 5(b). If permanently located at a FIXED location, give below: State County City or Town IN Marion Indianapolis Number and street (or other indication of location) 6402 Corporate Drive MOBILE 5(c). If mobile, describe the exact area of operation Within Warehouse Building at 6402 Corporate Drive Indianapolis, IN			·				center	of mobile		(see ins	truction 1	
FIXED/BASE MOBILE 5(b). If permanently located at a FIXED location, give below: State County City or Town IN Marion Indianapolis Number and street (or other indication of location) Mobile Base and Mobile 5(c). If mobile, describe the exact area of operation Within Warehouse Building at 6402 Corporate Drive	5(b)(1) Enter	geographical coordinates	avant to the percent	connect (a							of the a	nnrovimoto
FIXED/BASE MOBILE 5(b). If permanently located at a FIXED location, give below: State County City or Town IN Marion Indianapolis BASE AND MOBILE 5(c). If mobile, describe the exact area of operation Within Warehouse Building			dication of loca	tion)			at	6402 C	orpora	ite Dr		
FIXED/BASE MOBILE 5(b). If permanently located at a FIXED location, give below: 5(c). If mobile, describe the exact area of	IN	Marion	Indianar	<u> </u>			İ	-		se Bui	ldina	
T FIVED (DACE					elow:		5(c). I	f mobile	, descril	oe the	exact ar	ea of
5(a). Proposed location of transmitter and transmitting antenna (check only one box to indicate type of operation):		FIXED/BASE			antenna (c					te type	e of oper	ration):

14.	Is the equ	uipment listed in 1	tem 13 capable of sta	tion identification purs	uant 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 extend more than 6 meters above the building, or will the proposed antenna be mounted on an existing structure other than a building? YES NO										
	If "YES", g (a) Overal	give the following Il height above gr	(see instruction 9): ound to tip of anten		ers.						
				nean sea level is							
						kilomete	ers.				
	(d) List ar the op	(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.									
	Antenna :	installed insi	de existing bui	lding. No increase	e in elevation.						
	li any,	, giving heights in	ı meters above grour	cal profile sketch of tot nd for all significant fea hting already available.	al structure including ttures. Clearly indica	g supporting te existing]	bulld portion	ing, ı,			
16.	Applicant	is: (Check only one	boxi								
	☐ INDIV	JIDUAL AS	SOCIATION	PARTNERSHIP	X CORPORATION						
		D (decembe in one	ce provided below)								
17.				tative of a foreign gove		☐ YES		NO			
18.	Has applied application	ant or any party 1 for permit, licen	to this application has se or renewal denied	d any FCC station licens i by this Commission?	se or permit revoked	or had any	 1				
	If "YES", at revoked a	tach as EXHIBIT M nd relate circumst	Io a s ances.	tatement giving call sig	n of license or perm	it it	ia.j	NO			
19.	Will applic	cant be owner and	d operator of the sta	tion? See Exhibit	L	YES		NO			
20.	Give name	e, title, and telepho	one number (include	area code), and Internet	e-mail address (if a	pplicable) of	perso	n			
	who can b	est nandie inquiri	es pertaining to this	application. 2) 861–6471, E-mai l							
		o comor, acc	zney/ 1e1 # (20	2/ 001 -01 /1/ E-1161.	r: Mocornorept	permar.co	an .				
21.	APPLICANT	ANTI-DRUG ABUS	E CERTIFICATION:								
	By checking	ng "YES", the indiv	idual applicant certii	Sies that he or she is eli	gible for this license	. This requir	es tha	ιt			
	ne or she i	s not subject to a pursuant to Section	denial of federal be on 5301 of the Anti-	nefits, including FCC be Drug Abuse Act of 1988,	nefits, as a result of	a drug offer	nse				
	e.g., corpora	ation, partnership	or other unincorpora	ated association certifie	s that no party to th	e application	n ie	.1 6,			
	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).										
						X YES		NO			
32.	List below	all exhibits in nu	merical sequence and	d the item number of fo	rm requiring the ex	hibit identif	ied.				
	BIT NUMBER	ITEM NO. OF FORM	EXHIBIT NUMBER	ITEM NO. OF FORM	EXHIBIT NUMBER	ITEM NO). OF FOR	im			
		10									
1		19									
					-	<u> </u>					
						+		_			

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	25 "	day of _	July	, ₁₉ 96
Name of Applicant	nipoint Communic	ations Inc.		
	lmust	correspond with na	me given on page 1)	
By Bradley E. Spa	rks		BE	grand
(print	1		lsignatur	e) /
Title Vice President				
Check appropriate classification	n:			
Individual applicant	Member of applica	ant partnership		
Authorized employee	Officer of applican	t corporation or	association	
WILLFUL FALSE STATEMENTS MADE 18 Section 1001), AND/OR REVOCAT Section 312(a)(1), AND/OR FORFEITUR	ION OF ANY STATION	LICENSE OR CO		

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. 93-579, 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.