

FCC FORM 442

FOR
FCC
USE
ONLY

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

SECTION I

APPLICANT NAME (Last, first, middle initial)

Regents of the University of Michigan

MAILING ADDRESS (Line 1) (Maximum 95 characters - refer to Instruction (2) on reverse of form)

AOSS Dept., Attn: Prof. John Vesecky

MAILING ADDRESS (Line 2) (If required) (Maximum 95 characters)

2455 Hayward Street

CITY

Ann Arbor

STATE OR COUNTRY (if foreign address)

Michigan

ZIP CODE

48109.2143

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

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 (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY							
(1) <table border="1"><tr><td>E</td><td>A</td><td>E</td></tr></table>	E	A	E	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					\$0 (State Inst.)	
E	A	E								

SECTION II

— To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)	(B)	(C)								
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY							
(2) <table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					\$	
(3) <table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					\$	
(4) <table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					\$	
(5) <table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					\$	
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.										
TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING			FOR FCC USE ONLY							
\$										