

FCC 405A

Approved by OMB  
3060-0107  
Expires 1/31/00  
See instructions for  
public burden estimate

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

FOR  
FCC  
USE  
ONLY

RECEIVED & INSPECTED

APR 28 2003

FCC-MAILROOM

PRIVATE RADIO APPLICATION  
FOR RENEWAL, REINSTATEMENT AND/OR NOTIFICATION  
OF CHANGE TO LICENSE INFORMATION

1. APPLICANT NAME		CALIFORNIA, STATE OF	FRN# 0001-72-4541
2. MAILING ADDRESS (Line 1)			
601 SEQUOIA PACIFIC BLVD			
3. CITY		SACRAMENTO	4. STATE CA
			5. ZIP CODE 95814-0282
6. INTERNET ADDRESS			
fccunit@telecom.dgs.ca.gov			
7. CALL SIGN OR OTHER FCC IDENTIFIER			
WA2XWR			
8. PAYMENT TYPE CODE	9. QUANTITY	10. FEE DUE	FOR FCC USE ONLY
		\$	

11. PURPOSE

<input type="checkbox"/> RENEW LICENSE (FEE MAY BE REQUIRED)	<input type="checkbox"/> NOTIFICATION OF MAILING ADDRESS CHANGE (NO FEE REQUIRED)
<input type="checkbox"/> REINSTATE LAND MOBILE LICENSE (FEE MAY BE REQUIRED)	<input checked="" type="checkbox"/> NOTIFICATION OF STATION CLOSURE, CANCEL LICENSE LISTED IN ITEM 7 (NO FEE REQUIRED)
<input type="checkbox"/> NOTIFICATION OF NAME CHANGE WITHOUT CHANGE IN OWNERSHIP, CORPORATE STRUCTURE OR ENTITY (NO FEE REQUIRED) FORMER NAME OF LICENSEE: _____	<input type="checkbox"/> LAND MOBILE NOTIFICATION OF CONDITIONAL CANCELLATION FOR CONVERSION TO PRIVATE CARRIER (NO FEE REQUIRED). PLEASE PROVIDE NAME OF PRIVATE CARRIER: _____
<input type="checkbox"/> LAND MOBILE NOTIFICATION OF CHANGE IN THE NUMBER OF MOBILES/PAGERS (SEE INSTRUCTION C) (FEE MAY BE REQUIRED)	

12. RADIO SERVICE Experimental	13. LOCATION OF TRANSMITTER(S), (GIVE DESCRIPTION OF LOCATION SUCH AS STREET, CITY, STATE, COORDINATES, ETC.)  STOCTON (SAN JOAQUIN)  37-57-47 121-21-53
14. FILE NUMBER 0016-EX-RR-2003	
15. CLASS OF STATION(S) XD FX	

CERTIFICATION

- Applicant waives all claims for the use of any specific frequency regardless of prior use by license or otherwise.
- Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons.
- Neither applicant nor any member thereof is a foreign government or representative thereof.
- Applicant certifies that all statements made in this application and attachments are true, complete, correct and made in good faith.
- The individual signing this application certifies that he or she is a person with the proper authority to sign on behalf of the applicant, as stated in C.F.R., Title 47, Section 1.913.
- Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)). AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

→ SIGNATURE *Ken Neal*

DATE 22 APR 2003

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.