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

|                                                                                                                               | <ol> <li>Applicant's Name and Post Office address<br/>(Street address, city, state, and ZIP Code. See instruction<br/>No. 4)</li> </ol>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                        | O NOT WRITE IN T             | HIS BLOCK                                         |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------|--|--|
| CALIFORNIA, STATE OF DGS-TELECOMMUNICATIONS DIVISION 601 SEQUOIA PACIFIC BLVD SACRAMENTO, CA 95814-0282                       |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | 0028-EX-PL-1999                                                                        |                              |                                                   |  |  |
| 2(a). Application                                                                                                             | for (check o                                                                                                                                    | nly one box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             | 2(b). For Modifica                                                                     | tion indicate belov          | w:                                                |  |  |
| X New station                                                                                                                 | □ Мо                                                                                                                                            | dification of existi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ng authorization                                                                                            | File No:                                                                               |                              |                                                   |  |  |
| 3. Application f                                                                                                              | or Modificatio                                                                                                                                  | n: Check the b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ox beside all pa                                                                                            | riculars to be modi                                                                    | fled Check oither            | Sign:<br>addition or re-<br>current authorization |  |  |
| FREQUENCY -                                                                                                                   |                                                                                                                                                 | EMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | POWER -                                                                                |                              | ATION -                                           |  |  |
| addition or                                                                                                                   | replacement?                                                                                                                                    | addition o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r 📗 replacement?                                                                                            | addition or                                                                            |                              | ddition or replacement?                           |  |  |
|                                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | attached EXHIBIT No                                                                    | )                            |                                                   |  |  |
| 4. Particulars of                                                                                                             | Operation (see                                                                                                                                  | e instruction b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | elow)                                                                                                       |                                                                                        |                              |                                                   |  |  |
| Frequency (state whether kHz or MHz)  (A)                                                                                     | (B)                                                                                                                                             | POWER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del></del>                                                                                                 | EMISSION                                                                               | MODULATING<br>SIGNAL         | NECESSARY BANDWIDTH<br>(kHz)                      |  |  |
| 01.8585 MHz                                                                                                                   |                                                                                                                                                 | (C)<br>100 W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PEAK                                                                                                        | (E)<br>-1K50G1D                                                                        | ±60°, 100 B                  | (G)<br>SITS 0.1                                   |  |  |
| 01.8885 MHz                                                                                                                   | 10 W                                                                                                                                            | 100 W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PEAK                                                                                                        | 1K50G1D                                                                                |                              | SITS 0.1                                          |  |  |
|                                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                        |                              |                                                   |  |  |
|                                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                        |                              |                                                   |  |  |
|                                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                        |                              |                                                   |  |  |
|                                                                                                                               |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                        | <u> </u>                     | <u> </u>                                          |  |  |
| (B) Insert maxi units. (D) Insert "MEA (E) List each ty (F) Insert as ap (1) the maxi (2) maximum (3) frequence (4) pulse dum | mum RF. outpour mum effective mum effective mum effective mum of emission propriate for imum speed of a audio moduley deviation oration and rep | ut power at the radiated power as the separately for the type of more than the separately for the type of more than the separately for the type of more than the separately for the separately separately in the separately | e transmitter terer from the and so in Part 5).  The each frequence equation:  The each frequence equation: | more space is requireminals. Specify undenna (If pulsed emiser) ey. (See Section 2.20) | its.<br>ission, specify peak |                                                   |  |  |
| For complex (G) Describe ho                                                                                                   | emissions, de<br>w the necessar                                                                                                                 | scribe in detail<br>ry bandwidth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | in the space pr<br>was determined                                                                           | rovided below.<br>in space provided                                                    | below. FCC                   | Form 442 - Page 2                                 |  |  |

| 5(a). Proposed location of transm                                | nitter and transmitting                            | antenna (check                | only one box to indica                     | te type of operation):       |
|------------------------------------------------------------------|----------------------------------------------------|-------------------------------|--------------------------------------------|------------------------------|
| X FIXED/BASE                                                     | MOBILE                                             |                               | BASE AND MOBILE                            |                              |
| 5(b). If permanently located at a                                |                                                    | elow:                         | 5(c). If mobile, describ                   | e the exact area of          |
| State County CA CONTRA CO                                        | City or Town STA ANTIOCH                           |                               | operation                                  |                              |
| Number and street (or other ind                                  |                                                    | <u> </u>                      | -                                          |                              |
|                                                                  |                                                    |                               |                                            |                              |
| BLIND POINT TELEMET                                              | RI STATION 8 KM                                    |                               |                                            |                              |
| 5(b)(1). Enter geographical coordiantes ex                       | kact to the nearest second (s                      | ee instruction 10)            | 1                                          | ordinates of the approximate |
| North Latitude (DD-MM-SS)                                        | West Longitude (DD-MM-SS)                          | )                             | center of mobile operation  North Latitude | West Longitude               |
| 38° 01 57                                                        | 121 43                                             | 09 "                          | 0 , "                                      | <b>,</b>                     |
| 5(d). Datum (see instruction 10): .                              |                                                    | NAD 27 🔲                      | NAD 83                                     |                              |
| 6. Is a directional antenna (other                               | r than radar) used?                                | YES 🔲                         | NO                                         |                              |
| If "YES", give the following in (a) Width of beam in degrees     |                                                    | /. 5 0                        |                                            |                              |
| (b) Orientation in horizontal                                    |                                                    |                               | ation in vertical plane                    | 44°                          |
|                                                                  |                                                    | (0, 0110111                   |                                            |                              |
| 7. Is this authorization to be use                               | d for fulfilling the req                           | uirement of a g               | overnment contract w                       | ith an agency of the         |
| United States Government?                                        |                                                    | YES 🔯                         |                                            |                              |
| If "YES", attach as EXHIBIT No agency and contact number.        | a narra                                            | ative statement               | describing the government                  | nent project,                |
| 8. Is this authorization to be use                               | d for the exclusive nur                            | rose of develor               | Nag radio ogulament fe                     | n ormant to be smallered     |
| by stations under the jurisdic                                   | tion of a foreign gover                            | nment?                        | wing radio eduthment id                    | n export to be employed      |
|                                                                  | · —                                                |                               | NO                                         |                              |
| If "YES", attach as EXHIBIT No name of the foreign government    | the foil                                           | lowing informa                | tion: Provide the contra                   | act number and the           |
|                                                                  | ioni concornoa.                                    |                               |                                            |                              |
| 9. Is this authorization to be use                               | d for providing commu                              | nications essen               | tial to a research project                 | et? (The radio communi-      |
| cation is not the objective of                                   | the research project).                             | YES IX                        | NO                                         |                              |
| If "YES", attach as EXHIBIT No                                   | a narre                                            | tive statement                | provding the following                     | information:                 |
| (a) A description of the natur                                   | e of the research project                          | ct being conduc               | ted.                                       |                              |
| (b) A showing that the commit (c) A showing that existing or     | ommunications facilities                           | s are inadequate              | <b>3</b> .                                 |                              |
| 10. If all the answers to Items 7, 8 in detail the following:    | 3, and 9, are "NO", attach                         | as EXHIBIT No.                | _ia narra                                  | tive statement describing    |
| (a) The complete program of a                                    |                                                    |                               |                                            |                              |
| and theory of operation.                                         |                                                    |                               |                                            |                              |
| (b) The specific objectives sou<br>(c) How the program of exper  | gnt to be accomplished.<br>Imentation has a reaso: | nable promise o               | f contribution to the de                   | velonment extension          |
| expansion, or utilization of                                     | the radio art, or is alon                          | ng line not alre              | ady investigated.                          |                              |
| li(a). Give an estimate of the leng<br>in this application: Life | th of time that will be                            | required to con               | nplete the program of e                    | experimentation proposed     |
| (b) If less than 2 years, give the will be required:             | e length of time in mon                            | ~                             | horization requested in                    | this application             |
| 12. Would a Commission grant of                                  |                                                    | within Section                | 1307 of the ECC Pulsa                      | such that it may have a      |
| significant environmental i                                      | mpact (see instruction 1)                          | D)?                           |                                            | acon that it may have a      |
| If "YES", attach as EXHIBIT N                                    | oan                                                | Environmental                 | YES Assessment as required                 | i by Section 1.1311.         |
| IS. List below transmitting equi<br>MANUFACTURER                 | pment to be installed (i                           | f experimental,<br>MODEL NUMB |                                            | NO. OF UNITS                 |
| Handar                                                           |                                                    | 555                           | <del></del>                                | 1                            |
|                                                                  |                                                    |                               |                                            | •                            |

| <b>!4</b> . | Is the equ                                                              | ipment listed in l                                                                              | item 13 capable of sta                                                                        | ation identification purs                                                                                                                      | uant to Section 5.152?                                                          | ☐ YES                       | M M              |  |  |
|-------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|------------------|--|--|
| 15.         | Will the more than than a bu                                            | n 6 meters above                                                                                | nore than 6 meters at<br>the building, or will                                                | bove the ground, or if m<br>the proposed antenna b                                                                                             | nounted on an existing<br>e mounted on an exist                                 | ; building, ting structu    | will it ex       |  |  |
| •           |                                                                         |                                                                                                 | (see instruction 9):<br>ound to tip of anten                                                  | na is met                                                                                                                                      | ers.                                                                            |                             |                  |  |  |
|             | (b) Elevation of ground at antenna site above mean sea level is meters. |                                                                                                 |                                                                                               |                                                                                                                                                |                                                                                 |                             |                  |  |  |
|             | (c) Distance to nearest aircraft landing area is kilometers.            |                                                                                                 |                                                                                               |                                                                                                                                                |                                                                                 |                             |                  |  |  |
|             | the op:                                                                 | y natural formati<br>inion of the appli-<br>utical hazard of t                                  | cant, would tend to s                                                                         | -made structures (hills, thield the antenna from                                                                                               | trees, water tanks, tow<br>aircraft and thereby                                 | /ers, etc.) w<br>minimize t | hich, in<br>he   |  |  |
|             | if any,                                                                 | giving heights in                                                                               | i meters above grour                                                                          | cal profile sketch of tot<br>nd for all significant fe<br>hting already available.                                                             | atures. Clearly indicate                                                        | supporting<br>e existing p  | building         |  |  |
| 16.         | Applicant                                                               | is (Check only one                                                                              | boxi                                                                                          |                                                                                                                                                |                                                                                 |                             | <del></del>      |  |  |
|             | ☐ INDIV                                                                 | ZIDUAL AS                                                                                       | SOCIATION                                                                                     | PARTNERSHIP                                                                                                                                    | CORPORATION                                                                     |                             |                  |  |  |
|             | X OTHE                                                                  | R (describe in spa                                                                              | ce provided below)                                                                            |                                                                                                                                                |                                                                                 |                             |                  |  |  |
|             |                                                                         | VERNMENTAL 1                                                                                    |                                                                                               |                                                                                                                                                |                                                                                 |                             |                  |  |  |
|             | 00                                                                      | · DKWMDMIKL 1                                                                                   | 2N1111                                                                                        |                                                                                                                                                |                                                                                 |                             |                  |  |  |
|             |                                                                         |                                                                                                 |                                                                                               |                                                                                                                                                |                                                                                 |                             | -                |  |  |
| 17.         | Is applican                                                             | t a foreign gover                                                                               | nment or a represen                                                                           | tative of a foreign gov                                                                                                                        | ernment?                                                                        | ☐ YES                       | □ NO             |  |  |
| 18.         |                                                                         |                                                                                                 |                                                                                               | ad any FCC station licen                                                                                                                       |                                                                                 | _                           |                  |  |  |
|             | application                                                             | for permit, licen                                                                               | se or renewal denied                                                                          | d by this Commission?                                                                                                                          | se or permit revoked                                                            | or had any                  | XI NO            |  |  |
|             | If "YES", at                                                            | tach as EXHIBIT I                                                                               | No a s                                                                                        | statement giving call sig                                                                                                                      | n of license or permi                                                           | t ····                      | _22 NO           |  |  |
|             |                                                                         | nd relate circumst                                                                              |                                                                                               |                                                                                                                                                |                                                                                 |                             |                  |  |  |
| 19.<br>——   | Will applic                                                             | ant be owner and                                                                                | d operator of the sta                                                                         | tion?                                                                                                                                          |                                                                                 | X YES                       | □ мо             |  |  |
| 20.         | Give name<br>who can b                                                  | , title, and telepho<br>est handle inquiri                                                      | one number (include<br>es pertaining to this                                                  | area code), and Internet<br>application.                                                                                                       | e-mail address (if ap                                                           | plicable) of                | ' person         |  |  |
|             | James                                                                   | Sawyer, Seл<br><u>657-616</u> 7                                                                 | ior Telecommu                                                                                 | nications Engin                                                                                                                                | eer                                                                             | -                           |                  |  |  |
| 21.         |                                                                         | ANTI-DRUG ABUS                                                                                  | E CERTIFICATION:                                                                              |                                                                                                                                                |                                                                                 |                             |                  |  |  |
|             | By checking the or she is conviction e.g., corpora                      | ng "YES", the indiving s not subject to a pursuant to Sectional pursuant to section partnership | idual applicant certi-<br>denial of federal be<br>on 5301 of the Anti-<br>or other unincorpor | fies that he or she is eli-<br>nefits, including FCC be<br>Drug Abuse Act of 1988,<br>ated association, certified<br>to that section. For defi | enefits, as a result of a<br>21 U.S.C. 862. A non-in<br>as that no party to the | a drug offe<br>ndividual a  | nse<br>pplicant, |  |  |
| 1           | see 47 CFR                                                              | 1.2002(b).                                                                                      | . •                                                                                           |                                                                                                                                                | _                                                                               | YES                         | Doses,           |  |  |
| 22.         | List below                                                              | all exhibits in nu                                                                              | merical sequence an                                                                           | d the item number of fe                                                                                                                        |                                                                                 |                             |                  |  |  |
| EXHIB       | IT NUMBER                                                               | ITEM NO. OF FORM                                                                                | EXHIBIT NUMBER                                                                                | ITEM NO. OF FORM                                                                                                                               | R38MUN TIBIHX3                                                                  | ITEM NO                     | O. OF FORM       |  |  |
| 1           |                                                                         | 10                                                                                              |                                                                                               |                                                                                                                                                |                                                                                 | 1                           | <del></del>      |  |  |
|             |                                                                         |                                                                                                 |                                                                                               |                                                                                                                                                |                                                                                 |                             |                  |  |  |
|             |                                                                         |                                                                                                 |                                                                                               |                                                                                                                                                |                                                                                 |                             |                  |  |  |
|             |                                                                         |                                                                                                 |                                                                                               |                                                                                                                                                |                                                                                 | <del> </del>                |                  |  |  |
|             | <del></del>                                                             |                                                                                                 |                                                                                               |                                                                                                                                                |                                                                                 | <del></del>                 | <del></del>      |  |  |

| 23.  | CERTIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| •    | Attention: Read this certification carefully before signing this application.  THE APPLICANT CERTIFIES THAT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |
| -    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |
| r    | <ul> <li>(a) Copies of FCC Rule Parts 2 and 5 are on hand; and</li> <li>(b) Adequate financial appropriations have been made to carry on the program of experimentation which will be conducted by qualified personnel; and</li> <li>(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</li> <li>(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</li> <li>(2) that the applicant will be authorized to operate on any basis other than experimental, and</li> <li>(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.</li> </ul> |  |  |  |  |  |  |  |
|      | 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 Twenty-sixth day of December 19 98                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |
|      | Name of Applicant State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |
|      | (must correspond with name given on page 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|      | By Glen S. Nash Stent /all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
|      | (print) (signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
|      | Title CSA VII-Senior Telecommunications Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
|      | Check appropriate classification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|      | Individual applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
| •    | Authorized employee  Office of applicant corporation or association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| 10 2 | UL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title action 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, on 312(a)(1), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
|      | 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.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 81, 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.