

FCC 405	FEDERAL COMMUNICATIONS COMMISSION Washington, D.C. 20554	Approved by OMB 3060-0093 Expires 03/31/97	FCC USE ONLY
Est. Avg. Burden Hours Per Response: 2.25 Hrs.			
APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES			
(Specified Services - FCC Rules Parts 5, 21, 22, 23 and 25) Read Instructions and Notice on Back Before Completing			File Number 0256-EX-RR-1999
			Call Sign KS2XEO
		Service	Class of Station

1. Name of Applicant (must be identical with that shown on current authorization) Technical Communications Corporation	Call Sign or Other FCC Identifier (if applicable) KS2XEO
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2. Mailing Street Address or P.O. Box, City, State and ZIP Code of Applicant 100 Domino Drive, Concord, Middlesex, MA 01742	3. Identify Rulepart under which this filing is made Part 5
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4. Fee Data. Refer to 47 CFR Section 1.1105 or to appropriate Fee Filing Guide for information.			FCC Use Only
(a) Fee Type Code EAE	(b) Fee Multiple, if required 1	(c) Fee Due for Fee Type Code in 4(a) \$ 45.00	

5. Application is for renewal of license in exact conformity with the existing license as specified below:

(a) File Number 3523-EX-R-97	(b) Date Issued 10/01/97	(c) Call Sign KS2XEO	(d) Location Concord, MA
(e) Nature of Service Experimental	(f) Class of Station FX/MO	(g) Expiration Date 10/01/99	

6. Note any changes such as discontinuance of use of a frequency, or change of type of emission or of a transmitter which have been made since the last application covering this station was filed:
ANY INQUIRIES CONCERNING THIS FILING MAY BE REFERRED TO BLOOSTON, MORDKOFKY, JACKSON & DICKENS

Items 7(a) and (b) apply to Part 21 licensees only. **2120 L STREET N.W. WASHINGTON, D.C. 20037**

7(a) Has there been removal of equipment or alteration of facilities, so as to render the station not operational?
If "YES," when: **(202) 659-0830** YES NO

(b) If this is a Multipoint Distribution Service (MDS) station, is there an ownership interest in, control by, affiliation with, or leasing arrangement with a cable television company? YES NO


8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicant's most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7.
File No. _____ Date _____

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? YES NO
If "YES," attach as Exhibit No. _____ an Environmental Assessment required by 47 CFR 1.1311.
If "NO," explain briefly why not.

10. Certification

The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b). YES NO

a. Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof.
b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.

Date 9/8/99	Name of Applicant (must correspond with Item 1) TECHNICAL COMMUNICATIONS CORPORATION	Title of Applicant (if any) CUSTOMER SUPPORT MANAGER
Signature 		Designate Appropriate Classification <input type="checkbox"/> INDIV. APPL. <input type="checkbox"/> MEM. OF PART. <input type="checkbox"/> OFFICER & MEM. OF THE APPLICANT'S ASSOC. <input checked="" type="checkbox"/> AUTH. REPR. OF CORP. <input type="checkbox"/> OFFICIAL OF GOVT. ENTITY

Willful false statements made on this form are punishable by fine and/or imprisonment (U.S. Code, Title 18, Section 1001), and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(a)(1)), and/or forfeiture (U.S. Code, Title 47, Section 503).