APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES

(SPECIFIED SERVICES - FCC RULES PARTS 5, 21, 22, 23 AND 25)

	RE	AD INSTRUCTIONS ON B	ACK BEFORE COMP	LETING	
		FCC US	E ONLY		
FEE STAMP		FEE CONTROL NUMBER		FLE NO.	
		FEE TYPE CODE		CALL SIGN	
	FEE AMOUNT ID SEQ.			SERVICE	
			CLASS OF STATION		
1. Name of Applicant (mu	st be identical with	n that shown on current	authorization)		
Unisys Service	s Corporation	ı			
2. Mailing Street Address	or P.O. Box, City,	State and ZIP Code of	Applicant		
365 Lakeville	Road, Great N	leck, NY 11020-169	6 - ATTENTION	: J. Magee C15	
3. Application is for rene	wal of license in e				
a. File Number		b. Date Issued	c. Call Sign	d. Location	
1355-EX-R-90		Sept. 1, 1990	KA2XBN	Bloomfield, CT	
e, Nature of Service		f. Class of Station		g. Expiration Date	
Experimental		XC FX	·	Sept. 1, 1992	
since the last application	covering this station	n was filed: N/A			
changes in the applicant's that applicant's most recent this application, and the tralready covered in question File No. 1355-EX-R-9 6. Certification a. Applicant waives any clapower of the United State license in accordance with	relation to the state of the statement of the use of the statement of the	ion, financial responsibility port embodying this informats therein contained is h Date Septer any particular frequency of previous use of the same applicant acknowledges the policant, hereby certifies	y, or in the equipment mation, as identified hereby reaffirmed. Note that the electromant of the electromant all attached exhibit that the statements	there has been no transfer of control of ant authorized to be used by the station; below, is to be considered as a part of tote here any further exceptions, not gnetic spectrum as against the regulatory e or otherwise, and requests a station its are a material part hereof. made in this application are true, good faith.	
Date	Name of Applie	ant (must correspond with	h Itom 1)	Title of Applicant (if any)	
		rvices Corporation		Asst. Secretary	
		·		nose. occitetary	
Signature	5	Designate Appropriate Cli INDIV. MEM. OF APPL. PART.	assification OFFICER & MEI APPLICANT'S A	M. OF THE AUTH. REPR. OFFICIAL OF SSOC. GOVT. ENTITY	
VILLEUE FILSE ST		ON THIS FORM AR		BY FINE AND/OR IMPRISONMENT.	