APPROVED BY OMB 3060-0093 EXPIRES 11/30/90

APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES

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

FEE STAMP		FCC U3	EONLY	
		FEE CONTROL NUMBER		FLE NO.
				0089-EX-R-95
		FEE TYPE CODE		CALL SIGN
		FEE THE CODE		
		FEE AMOUNT		SERVICE
		ID SEQ.		CLASS OF STATION
. Name of Applicant (mus	st be identical with	h that shown on current	authorization)	
UNISYS SERVICES	CODPODATION		·	
. Mailing Street Address		State and ZIP Code of	Applicant	
-		ECK, NY 11020-16		MAGEE - 1A8
	wal of license in e	exact conformity with the b. Date Issued	ne existing license as spe c. Call Sign	d. Location
a. File Number			T	WINDSOR (HARTFORD) CT
0089-EX-R-94		10/1/94	KB2XBA	
e. Nature of Service		f. Class of Station		g. Expiration Date
EXPERIMENTAL		XC FX	·	4/1/95
N/A	ı			
. Applicant represents the hanges in the applicant's	at there has been relation to the sta	tion, financial responsibili	ity, or in the equipment a ormation, as identified bel	e has been no transfer of control authorized to be used by the statio ow, is to be considered as a part here any further exceptions, not
. Applicant represents the hanges in the applicant's	at there has been relation to the sta nt application or re ruth of the stateme	tion, financial responsibili- port embodying this info ints therein contained is	ity, or in the equipment a ormation, as identified bel	luthorized to be used by the statio
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b. Applicant represents the hanges in the applicant's hat applicant's most recernis application, and the triready covered in question to the No. O089-EX-R-94 b. Certification Applicant waives any clauser of the United State cense in accordance with the undersigned, individing and correct to the state of the undersigned, individing the state of the undersigned of the united of the undersigned of the undersigned of the united of the undersigned of the united of the	relation to the star there has been relation to the star that application or result of the statement of the use of the his application. A start of the signal of the signa	tion, financial responsibility in the port embodying this information that therein contained is the port of the samplicant acknowledges to applicant, hereby certifies the previous and be samplicant, hereby certifies the previous and be samplicant.	or of the electromagnetic or of the electrom	c spectrum as against the regulator otherwise, and requests a station are in this application are true, d faith.
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FCC 405

FEDERAL COMMUNICATIONS COMMISSION WASHINGTON, D.C. 20554

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APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES

(SPECIFIED SERVICES - FCC RULES PARTS 5, 21, 22, 23 AND 25)
READ INSTRUCTIONS ON BACK BEFORE COMPLETING

	FCC U	SE ONLY	
FEE STAMP	FEE CONTROL NUMB		FLE NO.
122 3124			0089-EX-R-95
	FEE TYPE CODE		CALL SIGN KB2XBA
	FEE AMOUNT		SERVICE
			OLACO OF STATION
	ID SEQ.		CLASS OF STATION
1. Name of Applicant (must be identical	with that shown on curren	t authorization)	
Unisys Services Corp.	Att: J. Mage	e 1A8	
2. Mailing Street Address or P.O. Box, (City, State and ZIP Code of	f Applicant	
365 Lakeville Rd, Gre	at Neck,NY 1102	20-1696	
3. Application is for renewal of license		the existing license a	as specified below:
a. File Number	b. Date Issued	c. Call Sign	d. Location
0089-EX-R-95	04/01/95	KB2XBA	Windsor (Hartford) CT
e. Nature of Service	f. Class of Station		g. Expiration Date
Experimental	XC FX	·	10/01/95
4. Note any changes such as discontinua serial number of a transmitter; or any m	nce of use of a frequency	, or of a type of er	mission or of a transmitter, correction of
since the last application covering this s		accontration and the	at there has been no transfer of control of
	station, financial responsible	inny, or in the equiph	at there has been no transfer of control of ment authorized to be used by the station; and below, is to be considered as a part of Note here any further exceptions, not
0089-EX-R-95	04/01/9	5	
6. Certification	of any particular frequence the previous use of the second. Applicant acknowledges	y or of the electrom ame, whether by lice that all attached exh es that the statement	5 made in mis application are most
Date Name of A	Applicant (must correspond	with Item 1)	Title of Applicant (if any)
Signature	Designate Appropriate		MEM OF THE TOTAL AUTH, REPR. 1 OFFICIAL OF
Ronal andrew	INDIV. MEM. C	LI APPLICANT'S	ASSOC. OF CORP. GOVT. ENTITY
WILLFUL FALSE STATEMENTS	MADE ON THIS FORM U.S. CODE, TITLE		BY FINE AND/OR IMPRISONMENT. 1001.