FEDERAL COMMUNICATIONS COMMISSION Approved by OMB FCC USE ONLY 405 Washington, D.C. 20554

3060-0093 Expires 03/31/97

FCC/MELLON DCT 2 1 1996

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)

		T = =.
File_Number_ V_A	96	Call Sign VA
0711EV.K	- 10	110211
Service	Class o	of Station

Read Instructions and Notice o	Back Before Completing		Service		Class of Station		
Name of Applicant (must be identical with that shown on current authorization)				Call Sign or Other FCC Identifier (if applicable)			
Wegener Communications					KB2XAL		
2. Mailing Street Address or P.O. Box, City, State and ZIP Code of Applicant				3. Identify Rulepart under which this filing is made			
11350 Technology Circle,	Duluth, GA 3013				:t 5		
4. Fee Data. Refer to 47 CFR Section 1.1105 or to appropriate Fee Filing Guide for information. (a) Fee Data. Refer to 47 CFR Section 1.1105 or to appropriate Fee Filing Guide for information. (b) Fee Multiple, I if required (c) Fee Due for Fee Type Code in 4(a)							
(a) Fee Type Code EAE	'l \$ 1,3	10.00 L	10,00 <u> </u>		45.00		
5. Application is for renewal of license in	exact conformity with the	(c) Call Sig	euze az zhed	(d) Loc	ation		
(a) File Number	(b) Date Issued	KB2XAL		MO:Continental US			
J241-EX-R-94	11/1/94			FX: Duluth, GA			
(e) Nature of Service	(f) Class of Station			(g) Expiration Date			
Experimental	XD FX and MO			11/1/96			
6. Note any changes such as discontinuance	e of use of a frequency, o	or of a type	of emission	or of	a transmitter which have been		
made since the last application covering th		None					
Items 7(a) and (b) apply to Part 21 license	ies only.						
7(a) Has there been removal of equipment If "YES," when:	or alteration of facilities s	o as to ren —	der the statio	on not o	YES X NO		
(b) If this is a Multipoint Distribution Ser	vice (MDS) station, is there t with a cable television co	an ownerst	nip interest i	n, contro	ol by, YES NO		
affiliation with, or leasing arrangement 8. Applicant represents that there has been changes in the applicant's relation to the sembodying this information, as identified by therein contained is hereby reaffirmed. No	station, or financial responsi	bility; that a	f this applica	tion, and	the truth of the statements		
ile No.	Date						
0241-EX-R-94	11/1/9						
Would a Commission grant of this appropriate significant environmental impact?							
significant environmental impact: If "YES," attach as Exhibit No an Environmental Assessment required by 47 CFR 1.1311. If "NO," explain briefly why not.							
	10. Certific						
The applicant certifies that, in the case of to section 5301 of the Anti-Drug Abuse poration, partnership or other unincorporal pursuant to that section. For the definition	ted association), no party to	the applica	ation is subjection 47 CFR 1.2	ct to a 002(b).	denial of federal benefits YES NO		
a. Applicant waives any claim to the use power of the United States because of t license in accordance with this application b. The undersigned, individually and for the plete and correct to the best of the sign	of any particular frequency he previous use of the sam n. Applicant acknowledges t	ne, whether that all attacl	by license of the by license of the best by license of the best by	r otherware a made in this aith.	aterial part hereof. s application are true, com-		
Date Q 17 96 Name of App Wegener	licant (must correspond with Communications	h item 1)		Title	of Applicant (if any)		
wegener	Designate Appropriate C						
Signature RO Poly	INDIV. MEM. OF	OFFI APPI	CER & MEM. (LICANT'S ASSO	C.	AUTH. REPR. OFFICIAL OF GOVT. ENTITY		
Wiliful false statements made on this and/or revocation of any station licer	form are punishable by fi	ne and/or	imprisonmen	(U.S. (Code, Title 15, Section 1001), n 312(a)(1)) and/or forfeiture		