APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES

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

		FCC USE	ONLY	
FEE STAMP		FEE CONTROL NUMBER		1592-EX-RR-1
		FEE TYPE CODE		CALL SIGN
		FEE AMOUNT		SERVICE
		ID SEQ.		CLASS OF STATION
1. Name of Applicant (mus	t be identical with	n that shown on current	authorization)	
Westinghouse Communica	tion Services, Inc.			
2. Mailing Street Address	or P.O. Box, City,	State and ZIP Code of	Applicant	
1025 Connecticut Ave, #50	6 Washington, D.	.C. N.W.; 20036		
3. Application is for renev	val of license in	exact conformity with the	existing license as s	pecified below:
a. File Number		b. Date Issued	c. Call Sign	d. Location
1592-EX-R-	88	11/01/88	KA2XBU	See Below # 4
e. Nature of Service		f. Class of Station		g. Expiration Date
Experimental		XCFX		November 1,1990 ion or of a transmitter, correction of
changes in the applicant's that applicant's most recent this application, and the tro	Long 07 Arundel county, Mat there has been relation to the state application or reath of the statements.	no change in applicant's tion, financial responsibility port embodying this info	y, or in the equipment mation, as identified b	ere has been no transfer of control and authorized to be used by the station below, is to be considered as a part of the bene any further exceptions, not
already covered in question File No.	n 4.	Date		
FCC Form 430			A	pril 2, 1990
power of the United State license in accordance with	s because of the this application. A ually and for the	previous use of the sam Applicant acknowledges the applicant, hereby certifies	e, whether by license hat all attached exhibits that the statements m	etic spectrum as against the regulatory or otherwise, and requests a station are a material part hereof, lade in this application are true, bood faith.
Date	Name of Applicant (must correspond with Item 1)		Title of Applicant (if any)	
August 23, 1990	Westi	inghouse Communication		VP & General Manager
Signature R.C. Benediction	hot	Designate Appropriate C NDIV. MEM. OF PART.	lassification OFFICER & MEM. APPLICANT'S ASS	OF THE AUTH. REPR. OFFICIAL C
WILLFUL FALSE ST		E ON THIS FORM AF		Y FINE AND/OR IMPRISONMEN