FCC 405

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554

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)

READ INSTRUCTIONS ON BACK BEFORE COMPLETING

FCC USE ONLY

FEE STAMP	FEE CONTROL NUMBER	FILE NO. 7326-EX-R-89
	FEE TYPE CODE	CALL SIGN
	FEE AMOUNT	SERVICE
	ID SEQ.	CLASS OF STATION

1. Name of Applicant (must be identical with that shown on current authorization)

AT&T BELL LABORATORIES

2. Mailing Street Address or P.O. Box, City, State and ZIP Code of Applicant

CRAWFORDS CORNER ROAD, HOLMDEL, NJ 07733-1988 Att: A. S. Snell, HO1F316

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

a. File Number	b. Date Issued	c. Call Sign	d. Location
7326-EX-R-87	12-1-87	KB2XTW	CONTINENTAL UNITED STATES
e. Nature of Service	**f. Class of Station**		**g. Expiration Date**
EXPERIMENTAL	XD MO		12-1-89

4. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter, correction of serial number of a transmitter; or any minor change in a transmitter not requiring a construction permit, which have been made since the last application covering this station was filed:

5. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control of changes in the applicant's relation to the station, financial responsibility, or in the equipment authorized to be used by the station; 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 4.

File No. 7326-EX-R-87 Date 9-26-89

6. Certification

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	Name of Applicant (must correspond with Item 1)	Title of Applicant (if any)
9-26-89	AT&T BELL LABORATORIES	DIRECTOR, CENTER 7742 TELECOMMUNICATIONS SERVICES

Signature [signature] 9/27/89

Designate Appropriate Classification

☐ INDIV. APPL. ☐ MEM. OF PART. ☐ OFFICER & MEM. OF THE APPLICANT'S ASSOC. ☒ AUTH. REPR. OF CORP. ☐ OFFICIAL OF GOVT. ENTITY

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTIONS 1001.