

FCC FORM 442

FOR  
FCC  
USE  
ONLY

APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5  
OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER THAN BROADCAST)

| SECTION I                                                                                                                                                                                                                                                                                                                                         |                                      |                                                          |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------|------------------|-------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------|----------|----------------------------------------------|--|
| APPLICANT NAME (Last, first, middle initial)<br><b>AT&amp;T Wireless PCS Inc.</b>                                                                                                                                                                                                                                                                 |                                      |                                                          |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
| MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)<br><b>1150 Connecticut Avenue, N.W., 4th Floor</b>                                                                                                                                                                                                 |                                      |                                                          |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
| MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)                                                                                                                                                                                                                                                                                    |                                      |                                                          |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
| CITY<br><b>Washington</b>                                                                                                                                                                                                                                                                                                                         |                                      | FEDERAL COMMUNICATIONS COMMISSION<br>OFFICE OF SECRETARY |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
| STATE OR COUNTRY (if foreign address)<br><b>DC</b>                                                                                                                                                                                                                                                                                                | ZIP CODE<br><b>20036</b>             | CALL SIGN OR FILE NUMBER                                 |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
| Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any. |                                      |                                                          |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
| (A)<br>FEE TYPE CODE                                                                                                                                                                                                                                                                                                                              | (B)<br>FEE MULTIPLE<br>(if required) | (C)<br>FEE DUE FOR FEE TYPE<br>CODE IN COLUMN (A)        | FOR FCC USE ONLY |                                                                         |  |  |  |  |                                                      |          |                                              |  |
| (1) <table border="1"><tr><td>E</td><td>A</td><td>E</td></tr></table>                                                                                                                                                                                                                                                                             | E                                    | A                                                        | E                | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  | <table border="1"><tr><td>\$ 45.00</td></tr></table> | \$ 45.00 | <table border="1"><tr><td></td></tr></table> |  |
| E                                                                                                                                                                                                                                                                                                                                                 | A                                    | E                                                        |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
|                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                          |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
| \$ 45.00                                                                                                                                                                                                                                                                                                                                          |                                      |                                                          |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |
|                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                          |                  |                                                                         |  |  |  |  |                                                      |          |                                              |  |

| SECTION II — To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.                                                                                    |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------|--|--|--|--|------------------------------------------------|----|----------------------------------------------|--|
| (A)<br>FEE TYPE CODE                                                                                                                                                                                                          | (B)<br>FEE MULTIPLE<br>(if required) | (C)<br>FEE DUE FOR FEE TYPE<br>CODE IN COLUMN (A) | FOR FCC USE ONLY                             |                                                                         |  |  |  |  |                                                |    |                                              |  |
| (2) <table border="1"><tr><td></td><td></td><td></td></tr></table>                                                                                                                                                            |                                      |                                                   |                                              | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  | <table border="1"><tr><td>\$</td></tr></table> | \$ | <table border="1"><tr><td></td></tr></table> |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
| \$                                                                                                                                                                                                                            |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
| (3) <table border="1"><tr><td></td><td></td><td></td></tr></table>                                                                                                                                                            |                                      |                                                   |                                              | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  | <table border="1"><tr><td>\$</td></tr></table> | \$ | <table border="1"><tr><td></td></tr></table> |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
| \$                                                                                                                                                                                                                            |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
| (4) <table border="1"><tr><td></td><td></td><td></td></tr></table>                                                                                                                                                            |                                      |                                                   |                                              | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  | <table border="1"><tr><td>\$</td></tr></table> | \$ | <table border="1"><tr><td></td></tr></table> |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
| \$                                                                                                                                                                                                                            |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
| (5) <table border="1"><tr><td></td><td></td><td></td></tr></table>                                                                                                                                                            |                                      |                                                   |                                              | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  | <table border="1"><tr><td>\$</td></tr></table> | \$ | <table border="1"><tr><td></td></tr></table> |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
| \$                                                                                                                                                                                                                            |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |
| ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE.<br>THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.  |                                      |                                                   | FOR FCC USE ONLY                             |                                                                         |  |  |  |  |                                                |    |                                              |  |
| TOTAL AMOUNT REMITTED<br>WITH THIS APPLICATION<br>OR FILING<br><b>\$ 45.00</b>                                                                                                                                                |                                      |                                                   | <table border="1"><tr><td></td></tr></table> |                                                                         |  |  |  |  |                                                |    |                                              |  |
|                                                                                                                                                                                                                               |                                      |                                                   |                                              |                                                                         |  |  |  |  |                                                |    |                                              |  |