

FCC 405

FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554APPROVED BY OMB  
3060-0093  
EXPIRES 11/30/90See reverse side for information  
regarding public burden estimate.

## APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES

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

READ INSTRUCTIONS AND NOTICE ON BACK BEFORE COMPLETING

## FCC USE ONLY

|           |                    |                          |
|-----------|--------------------|--------------------------|
| FEE STAMP | FEE CONTROL NUMBER | FILE NO.<br>0867-EX-R-96 |
|           | FEE TYPE CODE      | CALL SIGN<br>KE2XAY      |
|           | FEE AMOUNT         | SERVICE                  |
|           | ID SEQ.            | CLASS OF STATION         |

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

City of Colorado Springs

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

City of Colorado Springs/Radio Communications Division(MC #1250)  
404 West Fontanero Street; Colorado Springs, CO 80907

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

|                                      |                              |                        |                                                                 |
|--------------------------------------|------------------------------|------------------------|-----------------------------------------------------------------|
| a. File Number<br>0867-EX-R-93       | b. Date Issued<br>01/01/94   | c. Call Sign<br>KE2XAY | d. Location<br>Big Tooth Reservoir, CO<br>38-49-51N; 104-58-12W |
| e. Nature of Service<br>Experimental | f. Class of Station<br>XR FX |                        | g. Expiration Date<br>01/01/96                                  |

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.

Date

## 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<br>12/08/95               | Name of Applicant (must correspond with item 1)<br>City of Colorado Springs | Title of Applicant (if any)                                                                                                                                                                                                                                                                       |
| Signature<br>Robert H. Sargent |                                                                             | Designate Appropriate Classification<br><input type="checkbox"/> INDIV. APPL. <input type="checkbox"/> MEM. OF PART. <input type="checkbox"/> OFFICER & MEM. OF THE APPLICANT'S ASSOC. <input type="checkbox"/> AUTH. REPR. OF CORP. <input checked="" type="checkbox"/> 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.FCC 405  
AUGUST 1989

Per 2/27/98