FCC 405 FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

Approved by OMB 3060-0093
Expires 03/31/97

Est. Avg. Burden Hours Per Response: 2.25 Hrs.

FCC USE ONLY

File Number: 4717-EX-R-97 | Call Sign: KC2XAF
Service | Class of Station

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

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

Call Sign or Other FCC Identifier (if applicable): KC2XAF

2. Mailing Street Address or P.O. Box, City, State and ZIP Code of Applicant
Department of Atmospheric Science, Colorado State University
ATTN: David Wood: Fort Collins, CO 80523

3. Identify Rulepart under which this filing is made: Sec. 5202(a)

4. Fee Data. Refer to 47 CFR Section 1.1105 or to appropriate Fee Filing Guide for information.

(a) Fee Type Code	(b) Fee Multiple, if required	(c) Fee Due for Fee Type Code in 4(a)	FCC Use Only
		$	

5. 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
4 717-EX-R-96	Sept. 30, 1996	KCZXAF	Greeley, CO Weld County NL40-27-18;WL 104-37-54

(e) Nature of Service	(f) Class of Station	(g) Expiration Date
Experimental	XR FX	Sept. 30, 1997

6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed:

Items 7(a) and (b) apply to Part 21 licensees only.

7(a) Has there been removal of equipment or alteration of facilities so as to render the station not operational? ☐ YES ☐ NO
If "YES," when: _____

(b) If this is a Multipoint Distribution Service (MDS) station, is there an ownership interest in, control by, affiliation with, or leasing arrangement with a cable television company? ☐ YES ☐ NO

8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; 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 6 or 7.
File No. Date

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? ☐ YES ☒ NO
If "YES," attach as Exhibit No. _____ an Environmental Assessment required by 47 CFR 1.1311.
If "NO," explain briefly why not.

10. Certification

The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b). ☒ YES ☐ NO

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)
9/2/97	Colorado State University	Research Coordinator

Signature: [signature]

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, Section 1001), and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(a)(1)), and/or forfeiture (U.S. Code, Title 47, Section 503).