

Approved by OMB
3060-0065
Expires 12/31/95

FEDERAL COMMUNICATIONS COMMISSION

FCC FORM 442

FCC/MELLON FEB 15 1995

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)

Kinman, Chris Y.

MAILING ADDRESS (Line 1) (Maximum 85 characters - refer to instruction (2) on reverse of form)

22300 Comsat Drive

MAILING ADDRESS (Line 2) (if required) (Maximum 85 characters)

CITY

Clarksburg

STATE OR COUNTRY (if foreign address)

MD

ZIP CODE

20871

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

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)

(B)

(C)

FEE TYPE CODE

FEE MULTIPLE
(if required)

FEE DUE FOR FEE TYPE
CODE IN COLUMN (A)

FOR FCC USE ONLY

E	A	E
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\$ 45.00

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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)

(B)

(C)

FEE TYPE CODE

FEE MULTIPLE
(if required)

FEE DUE FOR FEE TYPE
CODE IN COLUMN (A)

FOR FCC USE ONLY

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ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED
WITH THIS APPLICATION
OR FILING

\$ 45.00

FOR FCC USE ONLY

45.00