FCC 405A

Approved by OMB
3060-0107
Expires 5/31/96
See instructions for public burden estimate

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

FOR FCC USE ONLY

PRIVATE RADIO APPLICATION FOR RENEWAL, REINSTATEMENT AND/OR NOTIFICATION OF CHANGE TO LICENSE INFORMATION

1. APPLICANT NAME: FAIRFAX, COUNTY OF (VIRGINIA)

2. MAILING ADDRESS (Line 1): Attn: RADIO ENGINEERING & SERVICES BRANCH

MAILING ADDRESS (Line 2): 3613 JERMANTOWN ROAD

3. CITY: FAIRFAX

4. STATE	5. ZIP CODE	6. CALL SIGN OR OTHER FCC IDENTIFIER	
VA	22030-2921	KI2XED	
7. FEE TYPE CODE	**8. FEE MULTIPLE**	**9. FEE DUE**	**FOR FCC USE ONLY**
		NONE	
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10. PURPOSE

- [ ] RENEW LICENSE (FEE MAY BE REQUIRED)
- [ ] REINSTATE LAND MOBILE LICENSE (FEE MAY BE REQUIRED)
- [ ] NOTIFICATION OF NAME CHANGE WITHOUT CHANGE IN OWNERSHIP, CORPORATE STRUCTURE OR ENTITY (NO FEE REQUIRED)
  FORMER NAME OF LICENSEE: _____
- [ ] LAND MOBILE NOTIFICATION OF CHANGE IN THE NUMBER OF MOBILES/PAGERS (SEE INSTRUCTION C) (FEE MAY BE REQUIRED)
- [XX] NOTIFICATION OF MAILING ADDRESS CHANGE (NO FEE REQUIRED)
- [ ] NOTIFICATION OF STATION CLOSURE, CANCEL LICENSE LISTED IN ITEM 6 (NO FEE REQUIRED)
- [ ] LAND MOBILE NOTIFICATION OF CONDITIONAL CANCELLATION FOR CONVERSION TO PRIVATE CARRIER, (NO FEE REQUIRED) CANCEL THE FOLLOWING LICENSES: _____

11. RADIO SERVICE: EXP

13. FILE NUMBER: 2231-EX-R-97

14. CLASS OF STATION(S): XD MO

12. LOCATION OF TRANSMITTER(S), (GIVE DESCRIPTION OF LOCATION SUCH AS STREET, CITY, STATE, COORDINATES, ETC.)

SEE COPY OF LICENSE (ATTACHED)

APR 1998 RECEIVED FCC MAIL ROOM

CERTIFICATION

1. Applicant waives all claims for the use of any specific frequency regardless of prior use by license or otherwise.
2. Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons.
3. Neither applicant nor any member thereof is a foreign government or representative thereof.
4. Applicant certifies that all statements made in this application and attachments are true, complete, correct and made in good faith.
5. The individual signing this application certifies that he or she is a person with the proper authority to sign on behalf of the applicant, as stated in C.F.R., Title 47, Section 1.913.
6. **By checking YES,** the applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits, pursuant to Section 5301 of the **Anti-Drug Abuse Act of 1988,** 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g. corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits, that includes FCC benefits, pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b). [XX] YES [ ] NO **Failure to check "YES" may result in dismissal of your application.**

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).

SIGNATURE James Stonefield **DATE** APRIL 3, 1998

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.