

FCC FORM 442

FOR
FCC
USE
ONLY

05-03-94 8320504 001

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)

New Mexico State University

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

SWTDI (Southwest Technology Development Institute)

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

PO Box 30001, Department 3 SOLAR

CITY

Las Cruces

STATE OR COUNTRY (if foreign address)

New Mexico

ZIP CODE

88003-8001

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									
(1) <table><tr><td>E</td><td>A</td><td>E</td></tr></table>	E	A	E	<table><tr><td></td><td></td><td></td><td></td></tr></table>					<table><tr><td>\$ 35.00</td></tr></table>	\$ 35.00	<table><tr><td></td></tr></table>	
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\$ 35.00												

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)	(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.			<table><tr><td>TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING</td></tr><tr><td>\$ 35.00</td></tr></table>	TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	\$ 35.00	<table><tr><td>FOR FCC USE ONLY</td></tr><tr><td></td></tr></table>	FOR FCC USE ONLY					
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