

FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554

Approved by OMB  
3060-0065  
Expires 12/31/92

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Federal Communications Commission, Office of Managing Director, Washington, DC 20554, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (3060-0065), Washington, DC 20503.

APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5  
OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER) THAN BROADCAST

| <p>A. Applicant's Name and Post Office address<br/>(Give street, city, state, and ZIP Code. See Instruction No. 4)</p> <p><b>Radant Technologies, Inc.</b><br/>255 Hudson Road<br/>Stow, MA 01775</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p style="text-align: center;"><b>DO NOT WRITE IN THIS BLOCK</b></p> <p>File No. <i>2000</i> <i>1</i><br/><i>MR</i></p> <p style="text-align: right;"><i>1/6/89</i><br/><i>8/1/91</i><br/><i>KA2 XYK</i></p> |                                                           |       |                 |                             |                 |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
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| <p>2.(a) Application for (check only one box)</p> <p><input checked="" type="checkbox"/> New Station      <input checked="" type="checkbox"/> Modification of existing authorization</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>2.(b) For Modification indicate below</p> <p>File No. 0301-EX-PL-87      Call Sign: <del>KK2XIT</del></p>                                                                                                 |                                                           |       |                 |                             |                 |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| <p>3. Application for modification indicate change in (check all that apply)</p> <p><input checked="" type="checkbox"/> Frequency      <input type="checkbox"/> Emission      <input type="checkbox"/> Power      <input type="checkbox"/> Location</p> <p><input checked="" type="checkbox"/> Other particulars (describe below or in attached Exhibit No. _____)</p> <p style="padding-left: 40px;">Corporate name change (to Radant Technologies from Radant Systems)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                              |                                                           |       |                 |                             |                 |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| <p>4. Particulars of Operation (See instructions below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Frequency (State<br/>Whether kHz or<br/>MHz)<br/>(inGHz) (A)</th> <th colspan="3">POWER</th> <th rowspan="2">EMISSION<br/>(E)</th> <th rowspan="2">MODULATING<br/>SIGNAL<br/>(F)</th> <th rowspan="2">NECESSARY<br/>BANDWIDTH<br/>(kHz)<br/>(G)</th> </tr> <tr> <th>(B)</th> <th>(C)</th> <th>(D)</th> </tr> </thead> <tbody> <tr> <td>0.9 - 1.2</td> <td>3 watts</td> <td>1 watt</td> <td>mean</td> <td>non</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>2.0 - 2.69</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>2.86-4.0</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>8.0 - 10.5</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>10.7 - 12.0</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>16.0 - 17.0</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>20.2 - 21.2</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>31.8 - 33.4</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>43.5 - 45.5</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table> <p>(A) List each frequency or frequency band separately. (If more space is required, attach as Exhibit No. _____).</p> <p>(B) Insert maximum R.F. output power at the transmitter terminals. Specify units.</p> <p>(C) Insert maximum effective radiated power from the antenna (If pulsed emission specify peak power).</p> <p>(D) Insert "MEAN" or "PEAK" (See definitions in Part 5).</p> <p>(E) List each type of emission separately for each frequency. (See Section 2.201 FCC Rules.)</p> <p>(F) Insert as appropriate for the type of modulation:</p> <ol style="list-style-type: none"> <li>(1) the maximum speed of keying in bauds;</li> <li>(2) maximum audio modulating frequency;</li> <li>(3) frequency deviation of carrier;</li> <li>(4) pulse duration and repetition rate.</li> </ol> <p>For complex emissions, describe in detail in the space provided below.</p> <p>(G) Describe how the necessary bandwidth was determined in space provided below.</p> <p style="padding-left: 40px;">In any given band only a single "cw" frequency is used at a time and therefore bandwidth issue is not applicable.</p> |                                                                                                                                                                                                              | Frequency (State<br>Whether kHz or<br>MHz)<br>(inGHz) (A) | POWER |                 |                             | EMISSION<br>(E) | MODULATING<br>SIGNAL<br>(F) | NECESSARY<br>BANDWIDTH<br>(kHz)<br>(G) | (B)                                    | (C) | (D) | 0.9 - 1.2 | 3 watts | 1 watt | mean | non | N/A | N/A | 2.0 - 2.69 | " | " | " | " | " | " | 2.86-4.0 | " | " | " | " | " | " | 8.0 - 10.5 | " | " | " | " | " | " | 10.7 - 12.0 | " | " | " | " | " | " | 16.0 - 17.0 | " | " | " | " | " | " | 20.2 - 21.2 | " | " | " | " | " | " | 31.8 - 33.4 | " | " | " | " | " | " | 43.5 - 45.5 | " | " | " | " | " | " |
| Frequency (State<br>Whether kHz or<br>MHz)<br>(inGHz) (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POWER                                                                                                                                                                                                        |                                                           |       | EMISSION<br>(E) | MODULATING<br>SIGNAL<br>(F) |                 |                             |                                        | NECESSARY<br>BANDWIDTH<br>(kHz)<br>(G) |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (B)                                                                                                                                                                                                          | (C)                                                       | (D)   |                 |                             |                 |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| 0.9 - 1.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3 watts                                                                                                                                                                                                      | 1 watt                                                    | mean  | non             | N/A                         | N/A             |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| 2.0 - 2.69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | "                                                                                                                                                                                                            | "                                                         | "     | "               | "                           | "               |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| 2.86-4.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | "                                                                                                                                                                                                            | "                                                         | "     | "               | "                           | "               |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| 8.0 - 10.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | "                                                                                                                                                                                                            | "                                                         | "     | "               | "                           | "               |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| 10.7 - 12.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | "                                                                                                                                                                                                            | "                                                         | "     | "               | "                           | "               |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| 16.0 - 17.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | "                                                                                                                                                                                                            | "                                                         | "     | "               | "                           | "               |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| 20.2 - 21.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | "                                                                                                                                                                                                            | "                                                         | "     | "               | "                           | "               |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| 31.8 - 33.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | "                                                                                                                                                                                                            | "                                                         | "     | "               | "                           | "               |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |
| 43.5 - 45.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | "                                                                                                                                                                                                            | "                                                         | "     | "               | "                           | "               |                             |                                        |                                        |     |     |           |         |        |      |     |     |     |            |   |   |   |   |   |   |          |   |   |   |   |   |   |            |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |             |   |   |   |   |   |   |

|                                                                                                                                                                                                       |                                         |                                                                                                            |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------|
| 5(a). Proposed location of transmitter and transmitting antenna (Check only one box)                                                                                                                  |                                         |                                                                                                            |                         |
| <input checked="" type="checkbox"/> FIXED/BASE                                                                                                                                                        |                                         | <input type="checkbox"/> MOBILE                                                                            |                         |
|                                                                                                                                                                                                       |                                         | <input type="checkbox"/> BASE & MOBILE                                                                     |                         |
| (b) If permanently located at a fixed location, give below                                                                                                                                            |                                         | (d) If mobile, describe the exact area of operation                                                        |                         |
| State<br><b>MA</b>                                                                                                                                                                                    | County<br><b>Middlesex</b>              | City or Town<br><b>Stow</b>                                                                                |                         |
| Number and street (or other indication of location)<br><b>255 Hudson Road</b>                                                                                                                         |                                         |                                                                                                            |                         |
| (c) Geographical coordinates exact to the nearest second                                                                                                                                              |                                         | (e) Geographical coordinates of the approximate center of proposed area of operation (mobile applications) |                         |
| North Latitude<br><b>45° 25 ' 17 "</b>                                                                                                                                                                | West Longitude<br><b>71 ° 33 ' 10 "</b> | North Latitude<br>° ' "                                                                                    | West Longitude<br>° ' " |
| 6. Is a directional antenna ( <i>other than radar</i> ) used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                     |                                         |                                                                                                            |                         |
| If "YES", give the following information:                                                                                                                                                             |                                         |                                                                                                            |                         |
| (a) Width of beam in degrees at the half-power point <u>3.1(max)</u>                                                                                                                                  |                                         |                                                                                                            |                         |
| (b) Orientation in horizontal plane <u>East</u>                                                                                                                                                       |                                         |                                                                                                            |                         |
| (c) Orientation in vertical plane <u>-3 deg.</u> (looks down)                                                                                                                                         |                                         |                                                                                                            |                         |
| 7. Is this authorization to be used for fulfilling the requirement of a government contract with an agency of the United States Government?                                                           |                                         |                                                                                                            |                         |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                   |                                         |                                                                                                            |                         |
| If "Yes", attach as EXHIBIT No. _____, a narrative statement describing the government project, agency, and contact number.                                                                           |                                         |                                                                                                            |                         |
| 8. Is this authorization to be used for the exclusive purpose of developing radio equipment for export to be employed by stations under the jurisdiction of a foreign government?                     |                                         |                                                                                                            |                         |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                   |                                         |                                                                                                            |                         |
| If "Yes", attach as EXHIBIT No. _____, the following information:                                                                                                                                     |                                         |                                                                                                            |                         |
| (a) The contract number and the name of the foreign government concerned.                                                                                                                             |                                         |                                                                                                            |                         |
| 9. Is this authorization to be used for providing communications essential to a research project? (The radio communication is not the objective of the research project).                             |                                         |                                                                                                            |                         |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                   |                                         |                                                                                                            |                         |
| If "Yes", attach as EXHIBIT No. _____, a narrative statement providing the following information:                                                                                                     |                                         |                                                                                                            |                         |
| (a) A description of the nature of the research project being conducted.                                                                                                                              |                                         |                                                                                                            |                         |
| (b) A showing that the communications facilities requested are necessary for the research project involved.                                                                                           |                                         |                                                                                                            |                         |
| (c) A showing that existing communications facilities are inadequate.                                                                                                                                 |                                         |                                                                                                            |                         |
| 10. If all the answers to Items 7, 8, and 9, are "No", attach as EXHIBIT No. <u>1</u> , a narrative statement describing in detail the following:                                                     |                                         |                                                                                                            |                         |
| (a) The complete program of research and experimentation proposed including description of equipment and theory of operation.                                                                         |                                         |                                                                                                            |                         |
| (b) The specific objectives sought to be accomplished.                                                                                                                                                |                                         |                                                                                                            |                         |
| (c) How the program of experimentation has a reasonable promise of contribution to the development, extension, expansion, or utilization of the radio art, or is along line not already investigated. |                                         |                                                                                                            |                         |
| 11. (a) Give an estimate of the length of time that will be required to complete the program of experimentation proposed in this application.                                                         |                                         |                                                                                                            |                         |
| (b) If less than 2 years, give the length of time in months that the authorization requested in this application will be required. <b>indefinite</b>                                                  |                                         |                                                                                                            |                         |
| 12. Would a Commission grant of this application come within Section 1.1307 of the FCC Rules, such that it may have a significant environmental impact?                                               |                                         |                                                                                                            |                         |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                   |                                         |                                                                                                            |                         |
| If you answer yes, submit an Environmental Assessment required by Section 1.1311.                                                                                                                     |                                         |                                                                                                            |                         |

13. List below transmitting equipment to be installed (if experimental, so state):

**MANUFACTURER**

**TYPE**

**NO. OF UNITS**

|                 |                              |   |
|-----------------|------------------------------|---|
| Hewlett-Packard | 8671-B Synthesized Generator | 1 |
| Millitech       | GDM Gun Oscillator           | 3 |
| Hewlett-Packard | 8349 RF Simplifier           | 1 |
| Hewlett-Packard | 8620C Sweep Oscillator       | 1 |

14. Is the equipment listed in Item 13 capable of station identification pursuant to Section 5.152?

☐ Yes

☒ No

15. Will the antenna extend more than 6 meters above the ground, or if mounted on an existing building will it extend more than 6 meters above the building, or will the proposed antenna be mounted on an existing structure other than a building?

☒ Yes

☐ No

If "Yes", give the following (See Instruction 9):

(a) Overall height above ground to tip of antenna is 31.7 meters.

(b) Elevation of ground at antenna site above mean sea level is 80.8 meters.

(c) Distance to nearest aircraft landing area is 5.3 kilometers.

(d) List any natural formations of existing man-made structures (hills, trees, water tanks, towers, etc.) which, in the opinion of the applicant, would tend to shield the antenna from aircraft and thereby minimize the aeronautical hazard of the antenna.

Antenna tower is in local valley and has height of 112.5m above mean seal level (AMSL)  
Since it is 200m away from a hill that is 208m AMSL, aircraft have to avoid hill (regardless of tower) and thus tower is shielded.

(e) Submit as EXHIBIT No. 2, a vertical profile sketch of total structure including supporting building, if any, giving heights in meters above ground for all significant features. Clearly indicate existing portion, noting particulars of aviation obstruction lighting already available.

16. Applicant is (check only one box)

☐ Individual

☐ Association

☐ Partnership

☒ Corporation

☐ Other (describe below)

17. Is applicant a foreign government or a representative of a foreign government?

☐ Yes

☒ No

18. Has applicant or any party to this application had any FCC station license or permit revoked or had any application for permit, license or renewal denied by this Commission?

☐ Yes

☒ No

If "Yes", attach as EXHIBIT No. \_\_\_\_\_, a statement giving call sign of license or permit revoked and relate circumstances.

19. Will applicant be owner and operator of station?

☒ Yes

☐ No

20. Give name, title, and telephone number (include area code) of person who can best handle inquiries pertaining to this application.

Daniel Fanger, Manager-RF Testing Operations (508) 562-3866

21. List below all exhibits in numerical sequence and the item number of form requiring the exhibit identified.

**EXHIBITS AND ITEM NO. OF FORM**

| Exhibit Number | Item No. of Form | Exhibit Number | Item No. of Form | Exhibit Number | Item No. of Form |
|----------------|------------------|----------------|------------------|----------------|------------------|
|                |                  | 2              | 15E              |                |                  |
|                |                  |                |                  |                |                  |
| 1              | 10               |                |                  |                |                  |

## 22. CERTIFICATION

**ATTENTION:** Read this certification carefully before signing this application.

### THE APPLICANT CERTIFIES THAT:

- (a) Copies of the FCC Rules Parts 2 and 5 are on hand; and
- (b) Adequate financial appropriations have been made to carry on the program of experimentation which will be conducted by qualified personnel; and
- (c) All operations will be on an experimental basis in accordance with Part 5 and other applicable rules, and will be conducted in such a manner and at such a time as to preclude harmful interference to any authorized station; and
- (d) Grant of the authorization requested herein will not be construed as a finding on the part of the Commission
  - (1) that the frequencies and other technical parameters specified in the authorization are the best suited for the proposed program of experimentation, and
  - (2) that the applicant will be authorized to operate on any basis other than experimental, and
  - (3) that the Commission is obligated by the results of the experimental program to make provision in its rules including its table of frequency allocations for applicant's type of operation on a regularly licensed basis.

### APPLICANT CERTIFIES FURTHER THAT:

- (e) All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant's knowledge, and
- (f) The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and
- (g) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the USA.

Signed and dated this 6th day of June, 1991.

Name of Applicant Radant Technologies, Inc.

(correspond with name given on page 1)

By Dr. Jean-Claude Sureau  
(print)

Jean-Claude Sureau, Pres.  
(signature)

Title President

WILLFUL FALSE STATEMENTS MADE ON THIS FORM  
ARE PUNISHABLE BY FINE AND IMPRISONMENT. U.S.  
CODE, TITLE 18, SECTION 1001.

#### Check Appropriate Classification:

- ☐ Individual Applicant
- ☐ Member of Applicant Partnership
- ☒ Office of Applicant Corporation or Association
- ☐ Authorized Employee

### NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

Information requested through this form is authorized by the Communications Act of 1934, as amended, and specifically by Section 308 therein. The information will be used by Federal Communications Commission staff to determine eligibility for issuing authorizations in the use of the frequency spectrum and to effect the provisions of regulatory responsibilities rendered the Commission by the Act. Information requested by this form will be available to the public unless otherwise requested pursuant to Section 0.459 of FCC Rules and Regulations. Your response is required to obtain this authorization.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), and the Paperwork Reduction Act of 1980, P.L. 96-511, December 11, 1980, 44 U.S.C. 3507.