

FCC FORM 442

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) ATTN: E. Shipyan
Raytheon Service Co.

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)
Suite 1500

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)
1215 Jefferson Davis Highway

CITY
Arlington

STATE OR COUNTRY (if foreign address)
VA

ZIP CODE
22202

CALL SIGN OR FILE NUMBER
*K02XBL

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>\$ 45.00</td></tr></table>	\$ 45.00	<table><tr><td></td></tr></table>	
E	A	E										
\$ 45.00												

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>\$45.00</td></tr></table>			TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	\$45.00	<table><tr><td>FOR FCC USE ONLY</td></tr><tr><td></td></tr></table>	FOR FCC USE ONLY						
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