

You will be presented with the FCC FORM 159, Fee Remittance Advice after submitting your application and obtaining a confirmation number. This Fee Remittance Advice, FCC Form 159, must currently be submitted in paper form along with payment to the address indicated in the FCC Fee Filing Guide. Electronic submission of FCC Form 159 is not currently available.

FCC FORM 405 - FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES (Specified Services - FCC Rules Parts 5, 21, 22, 23, 25) Read Instructions Before Completing		Appro OMB 3060 - Expire 03/31/														
1. Name of Applicant (must be identical with that shown on current authorization): ROCKWELL COLLINS, INC.		Call Si Other identif applic KA2														
2. Address: Attention:* LINDA C. SADLER Street Address:* 1300 WILSON BOULEVARD, suite 200 P.O. Box: City: ARLINGTON State: VA Zip Code: 22209 E-Mail Address: mbwilson@collins.rockwell.com		3. I Rul unde this m														
4. Application is for renewal of license in exact conformity with the existing license as specified below: <table> <tr> <td>File Number:</td> <td>Date Issued:</td> <td>Call Sign:</td> <td>Location:</td> <td>Nature of Service:</td> <td>Class of</td> <td>Expirati</td> </tr> <tr> <td>5531-EX-RR-1997</td> <td>08/01/1997</td> <td>KA2XYL</td> <td>NO CHANGE</td> <td>EXPERIMENTAL</td> <td>Station: FX MO</td> <td>08/01/1</td> </tr> </table>			File Number:	Date Issued:	Call Sign:	Location:	Nature of Service:	Class of	Expirati	5531-EX-RR-1997	08/01/1997	KA2XYL	NO CHANGE	EXPERIMENTAL	Station: FX MO	08/01/1
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5531-EX-RR-1997	08/01/1997	KA2XYL	NO CHANGE	EXPERIMENTAL	Station: FX MO	08/01/1										
5. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which has made since the last application covering this station was filed: ☐ ☐																
Items 6(a) and (b) apply to Part 21 licenses only.																
6(a). Has there been removal of equipment or alteration of facilities so as to render the station not operational?																
6(b). If this is a Multipoint Distribution Service (MDS) station, is there an ownership interest in, control by, affiliation leasing arrangement with a cable television company?																
7. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control of changes in the applicant's relation to the station, or financial responsibility; that applicant's most recent report embodying this information, as identified below, is to be considered as a part of this application, and the true statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question File No. 5531-EX-RR-1997 Date: 07/28/1999																
8. Certification: - Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that include benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. - The applicant hereby waives any claim to the use of any particular frequency or electromagnetic spectrum as a result of the regulatory power of the United States because of the previous use of the same, whether by license or otherwise requests authorization in accordance with this application. (See Section 304 of the Communications Act of 1934 as amended.) - The applicant acknowledges that all statements made in this application and attached exhibits are considered true and correct representations, and that all the exhibits part hereof and are incorporated herein as if set out in full in this application.																

undersigned certifies that all statements in this application are true, complete and correct to the best of his/her knowledge and belief and are made in good faith.

- Applicant certifies that construction of the station would NOT be an action which is likely to have a significant environmental effect. See the Commission's Rules, 47 CFR1.1301-1.1319.

Date * Signature of Applicant (Authorized person filing form)

Linda C. Sadler

Title of Applicant (if any)

* Designate Appropriate Classification:

- ☐ Individual Applicant
☐ Member of Partnership
☐ Officer & Member of the Applicant's Association
☒ Authorized Representative of Corporation
☐ Official of Governmental Entity

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISON (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 312(A)(2)).

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