FCC 405A

Approved by OMB
3060-0107
Expires 1/31/00
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	CALIFORNIA, STATE OF — TIN # 68-014-2725
2. MAILING ADDRESS (Line 1)	601 SEQUOIA PACIFIC BLVD
3. CITY	SACRAMENTO
4. STATE	CA
5. ZIP CODE	95814-0282
6. INTERNET ADDRESS	fccunit@telecom.dgs.ca.gov
7. CALL SIGN OR OTHER FCC IDENTIFIER	WB2XEE

8. PAYMENT TYPE CODE	9. QUANTITY	10. FEE DUE	FOR FCC USE ONLY
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11. 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)
- [ ] NOTIFICATION OF MAILING ADDRESS CHANGE (NO FEE REQUIRED)
- [X] NOTIFICATION OF STATION CLOSURE, CANCEL LICENSE LISTED IN ITEM 7 (NO FEE REQUIRED)
- [ ] LAND MOBILE NOTIFICATION OF CONDITIONAL CANCELLATION FOR CONVERSION TO PRIVATE CARRIER (NO FEE REQUIRED). PLEASE PROVIDE NAME OF PRIVATE CARRIER: _____

12. RADIO SERVICE: EX	13. LOCATION OF TRANSMITTER(S), (GIVE DESCRIPTION OF LOCATION SUCH AS STREET, CITY, STATE, COORDINATES, ETC.)
14. FILE NUMBER: 0257-EX-PL-1999	LEMOORE TEST STATION LEMOORE, CA
15. CLASS OF STATION(S): FX	36-16-09 119-47-56

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. Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.

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 Robert Mungo **DATE** 12-05-01

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