FCC 405 FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

Approved by OMB 3060-0093
Expires 03/31/97

Est. Avg. Burden Hours Per Response: 2.25 Hrs.

FCC USE ONLY
FCC/MELLON AUG 0 7 1996

FCC/MELLON JUL 22 1996

APPLICATION FOR RENEWAL OF RADIO STATION LICENSE IN SPECIFIED SERVICES

(Specified Services - FCC Rules Parts 5, 21, 22, 23 and 25)
Read Instructions and Notice on Back Before Completing

File Number	Call Sign
0238-EX-R-96	KI2XDP
Service	Class of Station

1. Name of Applicant (must be identical with that shown on current authorization)
Seismograph Stations, Dept. of Geology and Geophysics

Call Sign or Other FCC Identifier (if applicable)
KI2XDP (ren)

2. Mailing Street Address or P.O. Box, City, State and ZIP Code of Applicant
705 Wm. Browning Bldg., University of Utah, SLC, UT 84112-1183

3. Identify Rulepart under which this filing is made

4. Fee Data. Refer to 47 CFR Section 1.1105 or to appropriate Fee Filing Guide for information.

(a) Fee Type Code	(b) Fee Multiple, if required	(c) Fee Due for Fee Type Code in 4(a)	FCC Use Only
~~PAIM~~ EAE	1	$ 45	4500

5. Application is for renewal of license in exact conformity with the existing license as specified below:

(a) File Number	(b) Date Issued	(c) Call Sign	(d) Location
0238-EX-R-94	10/1/94	KI2XDP	State of Utah, SE Idaho, W. Wyoming (42-45N and ~~109-114 W~~)
(e) Nature of Service	(f) Class of Station		(g) Expiration Date
Experimental	XR MO		10/1/96

6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed: None

Items 7(a) and (b) apply to Part 21 licensees only.

7(a) Has there been removal of equipment or alteration of facilities so as to render the station not operational? ☐ YES ☒ NO
If "YES," when: _____

(b) If this is a Multipoint Distribution Service (MDS) station, is there an ownership interest in, control by, affiliation with, or leasing arrangement with a cable television company? ☐ YES ☒ NO

8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicant's most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements herein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7.

File No.	Date
0238-EX-R-94	6-18-94

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact? ☐ YES ☒ NO
If "YES," attach as Exhibit No. _____ an Environmental Assessment required by 47 CFR 1.1311.
If "NO," explain briefly why not.

10. Certification

The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b). ☐ YES ☒ NO

a. Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof.

b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.

Date	Name of Applicant (must correspond with Item 1)	Title of Applicant (if any)
6-18-96	Seismograph Stations, Dept. of Geology & Geophysics	~~Seismograph Netwo~~ Manager

Signature

Designate Appropriate Classification
☐ INDIV. APPL. ☐ MEM. OF PART. ☐ OFFICER & MEM. OF THE APPLICANT'S ASSOC. ☐ AUTH. REPR. OF CORP. ☐ OFFICIAL OF GOVT. ENTITY

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).

FCC 405A

Approved by OMB
3060-0107
Expires 12/31/96
See instructions for
public burden estimate

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

RECEIVED
AUG 5 3 43 PM '96
FEES SECTION

FOR FCC USE ONLY — FCC/MELLON JUL 22 1996

PRIVATE RADIO APPLICATION FOR RENEWAL, REINSTATEMENT AND/OR NOTIFICATION OF CHANGE TO LICENSE INFORMATION

1. APPLICANT NAME: Seismograph Stations, Dept. of Geology & Geophysics

2. MAILING ADDRESS (Line 1): 705 Wm. Browning Bldg.

MAILING ADDRESS (Line 2): University of Utah

3. CITY: Salt Lake City

4. STATE	5. ZIP CODE	6. CALL SIGN OR OTHER FCC IDENTIFIER	
UT	84112	KI2XDP (ren)	

7. PAYMENT TYPE CODE	8. QUANTITY	9. FEE DUE	FOR FCC USE ONLY
PALM	1	$ 45	

10. PURPOSE

- [x] 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)
- [ ] NOTIFICATION OF STATION CLOSURE, CANCEL LICENSE LISTED IN ITEM 6 (NO FEE REQUIRED)
- [ ] LAND MOBILE NOTIFICATION OF CONDITIONAL CANCELLATION FOR CONVERSION TO PRIVATE CARRIER, (NO FEE REQUIRED) CANCEL THE FOLLOWING LICENSES: _____

11. RADIO SERVICE: Experimental

13. FILE NUMBER: 0238-EX-R-94

14. CLASS OF STATION(S): XR MO

12. LOCATION OF TRANSMITTER(S), (GIVE DESCRIPTION OF LOCATION SUCH AS STREET, CITY, STATE, COORDINATES, ETC.)

State of Utah, SE Idaho, W. Wyoming
(42-45 N and 109-114 W)

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. Does the undersigned certify (by responding YES to this question), that 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, 21 U.S.C. 862, because of a conviction for possession or distribution of a controlled substance? (See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.) [x] YES [ ] NO

Failure to check "YES" may result in dismissal of your application.

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** _____ **DATE** 6/18/96

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