

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

FOR
FCC
USE
ONLY

APPLICATION FOR AIRCRAFT RADIO STATION LICENSE

1. APPLICANT NAME Steve M. Jones, Ed G. Brown			
2. MAILING ADDRESS (Line 1) (A U.S. Address is required) c/o 123 North Street			
3. MAILING ADDRESS (Line 2)			
4. CITY Frederick			
5. STATE MD	6. ZIP CODE 21701	7. FAA REGISTRATION OR FCC CONTROL NUMBER (If FAA registration is not required for your aircraft, explain in item 10) N 9997B	
8. PAYMENT TYPE CODE PAAR	9. QUANTITY 1	10. AMOUNT DUE \$105.00*	FOR FCC USE ONLY
11. TYPE OF APPLICANT <input type="checkbox"/> Individual <input type="checkbox"/> D-Individual with Business Name <input checked="" type="checkbox"/> P-Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> A-Association <input type="checkbox"/> G-Governmental Entity		12. PURPOSE OF APPLICATION <input checked="" type="checkbox"/> New Station <input type="checkbox"/> Renewal <input type="checkbox"/> Modification (Specify) _____	
13. IS APPLICATION FOR A FLEET LICENSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO A. If modifying a fleet license, give the number of aircraft to be added. _____ B. If applying for a new or modified fleet license, give the total number of aircraft. _____			
14. FREQUENCIES REQUESTED (Check appropriate box(es) in 14A and/or 14B, see instructions)			
A. CHECK ONLY ONE <input checked="" type="checkbox"/> A-Private Aircraft <input type="checkbox"/> C-Air Carrier		B. ADDITIONAL INFORMATION IS REQUIRED IF YOU CHECK HERE <input type="checkbox"/> T-Right Test HF <input type="checkbox"/> P-Portable (Showing required) <input type="checkbox"/> V-Right Test VHF <input type="checkbox"/> O-Other (Specify) _____	
15. ANSWER SPACE FOR ADDITIONAL INFORMATION (Additional co-owners can be listed here)			
CERTIFICATION			
▶ Applicant waives all claims for the use of any specific frequency regardless of prior use by license or otherwise. ▶ Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons. ▶ Neither applicant nor any member thereof is a foreign government or representative thereof. ▶ Applicant certifies that all statements made in this application and attachments are true, complete, correct and made in good faith. ▶ Applicant certifies that the signature that appears on this application is that of a person with the proper authority to act on behalf of the party represented.			
16. 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 5001 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 8621, 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.)			
DOES APPLICANT SO CERTIFY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
WILFUL 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		PHONE NUMBER	DATE
		()	1/1/98
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			