

1. Applicant's Name and Post Office address
(Street address, city, state, and ZIP Code. See instruction No. 4)

State of California
DGS, Telecommunications Division
601 Sequoia Pacific Blvd.
Sacramento, CA 95814-0282

File No.

4527-EX-PL-94

2(b). For Modification Indicate below:

☒ New station ☐ Modification of existing authorization

File No: Call Sign:

8. Application for modification indicate whether change is an addition or replacement of (check all that apply)

☐ FREQUENCY ☐ EMISSION ☐ POWER ☐ LOCATION

☐ OTHER PARTICULARS (describe below or in attached EXHIBIT No. _____)

4. Particulars of Operation (see instruction below)

[illegible]

(A) List each frequency or frequency band separately. (If more space is required, attach as EXHIBIT No. _____)

(B) Insert maximum R.F. output power at the transmitter terminals. Specify units.

(C) Insert maximum effective radiated power from the antenna (If pulsed emission, specify peak power).

(D) Insert "MEAN" or "PEAK" (See definitions in Part 5).

(E) List each type of emission separately for each frequency. (See Section 2.201 of FCC Rules.)

(F) Insert as appropriate for the type of modulation:

- (1) the maximum speed of keying in bauds;
- (2) maximum audio modulating frequency;
- (3) frequency deviation of carrier;
- (4) pulse duration and repetition rate.

For complex emissions, describe in detail in the space provided below.

(G) Describe how the necessary bandwidth was determined in space provided below.

5(a). Proposed location of transmitter and transmitting antenna (check only one box)

☒ FIXED/BASE

☐ MOBILE

☐ BASE AND MOBILE

5(b). If permanently located at a fixed location, give below:

State
CA

County
FRESNO

City or Town
PRATHER

Number and street (or other indication of location)

HURLEY TELEMETRY STATION, 3 MI. SW

5(d). If mobile, describe the exact area of operation

5(c). Enter geographical coordinates exact to the nearest second

North Latitude

37° 00' 56"

West Longitude

119° 33' 39"

5(e). Enter geographical coordinates of the approximate center of proposed area of operation (mobile applications)

North Latitude

0° 0' 0"

West Longitude

0° 0' 0"

6. Is a directional antenna (other than radar) used?

If "YES", give the following information:

☒ YES

☐ NO

(a) Width of beam in degrees at the half-power point 45°

(b) Orientation in horizontal plane 196° (c) Orientation in vertical plane 45°

7. Is this authorization to be used for fulfilling the requirement of a government contract with an agency of the United States Government?

☐ YES

☒ NO

If "YES", attach as EXHIBIT No. _____ a narrative statement describing the government project, agency and contact number.

8. Is this authorization to be used for the exclusive purpose of developing radio equipment for export to be employed by stations under the jurisdiction of a foreign government?

☐ YES

☒ NO

If "YES", attach as EXHIBIT No. _____ the following information: Provide the contract number and the name of the foreign government concerned.

9. Is this authorization to be used for providing communications essential to a research project? (The radio communication is not the objective of the research project).

☐ YES

☒ NO

If "YES", attach as EXHIBIT No. _____ a narrative statement providing the following information:

(a) A description of the nature of the research project being conducted.

(b) A showing that the communications facilities requested are necessary for the research project involved.

(c) A showing that existing communications facilities are inadequate.

10. If all the answers to Items 7, 8, and 9, are "NO", attach as EXHIBIT No. 1 a narrative statement describing in detail the following:

(a) The complete program of research and experimentation proposed including description of equipment and theory of operation.

(b) The specific objectives sought to be accomplished.

(c) How the program of experimentation has a reasonable promise of contribution to the development, extension, expansion, or utilization of the radio art, or is along line not already investigated.

11(a). Give an estimate of the length of time that will be required to complete the program of experimentation proposed in this application.

(b) If less than 2 years, give the length of time in months that the authorization requested in this application will be required. LIFE OF GOES/DCS PROGRAM.

12. Would a Commission grant of this application come within Section 11807 of the FCC Rules, such that it may have a significant environmental impact?

☐ YES

☒ NO

If you answer "YES", submit an Environmental Assessment required by Section 11811.

13. List below transmitting equipment to be installed (if experimental, so state):

MANUFACTURER

TYPE

NO. OF UNITS

HANDAR

540A

1

14. Is the equipment listed in Item 13 capable of station identification pursuant to Section 5.152? ☐ YES ☒ NO
15. Will the antenna extend more than 6 meters above the ground, or if mounted on an existing building, will it extend more than 6 meters above the building, or will the proposed antenna be mounted on an existing structure other than a building? ☐ YES ☒ NO
- If "YES", give the following (see instruction 9):
- (a) Overall height above ground to tip of antenna is _____ meters.
- (b) Elevation of ground at antenna site above mean sea level is _____ meters.
- (c) Distance to nearest aircraft landing area is _____ kilometers.
- (d) List any natural formations of existing man-made structures (hills, trees, water tanks, towers, etc.) which, in the opinion of the applicant, would tend to shield the antenna from aircraft and thereby minimize the aeronautical hazard of the antenna.
- (e) Submit as EXHIBIT No. _____ a vertical profile sketch of total structure including supporting building, if any, giving heights in meters above ground for all significant features. Clearly indicate existing portion, noting particulars of aviation obstruction lighting already available.

16. Applicant is (check only one box)

- ☐ INDIVIDUAL ☐ ASSOCIATION ☐ PARTNERSHIP ☐ CORPORATION
- ☒ OTHER (describe below)
- GOVERNMENTAL ENTITY

17. Is applicant a foreign government or a representative of a foreign government? ☐ YES ☒ NO
18. Has applicant or any party to this application had any FCC station license or permit revoked or had any application for permit, license or renewal denied by this Commission? ☐ YES ☒ NO
- If "YES", attach as EXHIBIT No. _____ a statement giving call sign of license or permit revoked and relate circumstances.
19. Will applicant be owner and operator of the station? ☒ YES ☐ NO
20. Give name, title, and telephone number (include area code) of person who can best handle inquiries pertaining to this application.

JAMES SAWYER, SENIOR TELECOMMUNICATIONS ENGINEER (916) 657-6167

21. APPLICANT ANTI-DRUG ABUSE CERTIFICATION:

By checking "YES", the applicant certifies that, in the case of an individual applicant, he or she is not subject to denial of federal benefits, that includes FCC benefits, pursuant to Section 5801 of the Anti- Drug Abuse Act of 1988, 21 U.S.C. 882, or, in the case of a non- individual applicant (e.g., corporation, partnership, or other unincorporated association), no party to the applicant is subject to a denial of federal benefits, that includes FCC benefits, pursuant to that section. For the definition of "party" for these purposes, see 47 CFR 1.2002(b). ☒ YES ☐ NO

22. List below all exhibits in numerical sequence and the item number of form requiring the exhibit identified.

EXHIBIT NUMBER	ITEM NO. OF FORM	EXHIBIT NUMBER	ITEM NO. OF FORM	EXHIBIT NUMBER	ITEM NO. OF FORM
1	10				