

APPLICATION FOR CONSENT TO ASSIGN AN EXPERIMENTAL AUTHORIZATION

**PART I** is to be completed by assignor (the present permittee or licensee) when the legal right to control the use and operation of station is to be transferred as a result of a voluntary act (contract or other agreement) or by involuntary act (death or legal disability) or by involuntary assignment of the physical property constituting the station under a court decree in bankruptcy proceedings, or other court order, or by operation of law in any other manner.

**PART II** is to be completed by assignee who wishes to obtain the legal right to control the use and operation of station as a result of a voluntary act (contract or other agreement) or by involuntary act (death or legal disability) or by involuntary assignment of the physical property constituting the station under a court decree in bankruptcy proceedings, or other court order, or by operation of law in any other manner.

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| PART I – To Be Completed by Assignor                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        | 1. Assignor’s FCC Registration Number (FRN):                 |                    |
| 2. a.) Name of Assignor                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                        |                                                              |                    |
| b.) Mailing and Street Address or P.O. Box, City, State and ZIP Code                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        |                                                              |                    |
| 3. Provide the following information for the facilities authorized to assignor for which assignment is sought in this application.                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |                                                              |                    |
| a. Call Sign                                                                                                                                                                                                                                                                                                                                                                                                                              | b. File Number                                                                                                                                                                         | c. Location                                                  | d. Expiration Date |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                        |                                                              |                    |
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| 4. Certification                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        |                                                              |                    |
| The undersigned represents that the license will not be assigned, or that control will not be transferred until the Commission’s Consent has been received; that all the attached exhibits are a material part hereof and are incorporated herein as if set out in full in this application; and that all the statements made in Part I of this application are true, complete and correct to the best of his (her) knowledge and belief. |                                                                                                                                                                                        |                                                              |                    |
| I request that the Commission grant its written consent to the foregoing assignment.                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        |                                                              |                    |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signature of Authorized Office or Agent (if signed by an agent other than the authorized officer or assignor, power of attorney or other authority of agent to sign must be attached). |                                                              |                    |
| Typed Name of Person Signing                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        | Mailing Street Address or P.O. Box, City, State and ZIP Code |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                        | E-mail Address                                               |                    |
| WILLFUL FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 10010, 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).                                                                                                                                            |                                                                                                                                                                                        |                                                              |                    |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|-----|----|--|
| Part II – To Be Completed By Assignee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5. Assignee's FCC Registration Number (FRN): |  |     |    |  |
| 6. a.) Name of Assignee (If a corporation, state corporate name; if a partnership, state names of all partners and the name under which the partnership does business; if an unincorporated association, state the name of an executive officer, the office held by him/her, and the name of the association. The same name or names should be signed in the place provided at the end of the application, except that in the case of a partnership, the application may be signed in the name of the partnership by one of the partners.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |  |     |    |  |
| b.) Mailing Street Address or P.O. Box, City, State and ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |  |     |    |  |
| c.) E-mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |  |     |    |  |
| 7. Is this application made for consent to voluntary or involuntary assignment of permit or license?<br><input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |  |     |    |  |
| 8. State whether assignee is:<br><input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |  |     |    |  |
| Place an "X" in the appropriate column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |  | YES | NO |  |
| 9. Is assignee or any party to this application a representative of an alien or a foreign government?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |  |     |    |  |
| 10. a.) Has assignee personally familiar with the Commission's rules governing the service which are the subject of this application?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |  |     |    |  |
| b.) Has assignee examined the subject facilities and determined that construction and operation is in compliance with current authorizations and the Commission's rules?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |  |     |    |  |
| 11. State assignee's relation to station:<br><input type="checkbox"/> Pro Forma Assignment <input type="checkbox"/> Lessee <input type="checkbox"/> Manager <input type="checkbox"/> Financier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |  |     |    |  |
| 12. Certification:<br><br><p>The 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 that written consent be granted to assign the authorizations herein mentioned to him (her). The assignee assumes all the obligations and agrees to abide by all the conditions imposed upon the assignor under the subject authorizations except that he/she shall not be liable for any act done by, or any right accrued or any suit or proceeding had or commenced against, the assignor prior to said assignment. FCC 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.</p> <p>I certify that the statements made in Part II are true, complete and correct to the best of my knowledge and belief.</p> |                                              |  |     |    |  |

13. FCC Form 442 certification as required by CFR 47, Section 5.59 (d):

THE APPLICANT CERTIFIES THAT:

- a. Copies of the FCC Rule Parts 2 and 5 are on hand; and
- b. Adequate financial appropriations have been made to carry on the program of experimentation which will be conducted by qualified personnel; and
- c. All operations will be on an experimental basis in accordance with Part 5 and other applicable rules, and will be conducted in such a manner and at such time as to preclude harmful interference to any authorized station; and
- d. Grant of the authorization requested herein will not be construed as a finding on the part of the Commission:
  - 1. that the frequencies and other technical parameters specified in the authorization are the best suited for the proposed program of experimentation, and
  - 2. that the applicant will be authorized to operate on any basis other than experimental, and
  - 3. that the Commission is obligated by the results of the experimental program to make provision in its rules including its table of frequency allocations for applicant's type of operation on a regular licensed basis.

THE APPLICANT FURTHER CERTIFIES THAT:

- e. All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant's knowledge; and
- f. The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and
- g. The applicant waives any claim to the use of particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States of America.

WILLFUL FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 10010, 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:

Individual Applicant       Member of Applicant Partnership       Officer of Applicant Corporation or Association

Est. Avg. Hrs. Per Response: 0.6 Hr.

APPLICATION FOR CONSENT TO ASSIGN AN EXPERIMENTAL AUTHORIZATION

FCC 702 is to be used when applying for consent to assignment of radio facilities governed by 47 CFR 5.

**General Instructions for Completing the Application:**

1. Before the application is prepared, the applicant should refer to the applicable rules and regulations of the Commission which govern the radio facility (Title 47, Code of Federal Regulations (C.F.R.) Part 5) copies of which may be purchased from the Superintendent of Documents, Government Printing Office, Washington, DC 20402.
  2. 47 C.F.R. Part 5 may require information to be filed with the application form. Applicants should make every effort to file a complete application in compliance with the Rules. Failure to do so can result in rejection or return of the application. The Commission may require the furnishing of additional information as it deems necessary in the consideration of the application.
  3. FCC Form 159 (Fee Remittance Advice) must be submitted with this application. One application with one fee may be filed to request an assignment for a group of station licenses (call signs).
  4. If you do not have a FCC Registration Number (FRN) for Part I, question 1 and Part II, question 5, apply for one using FCC Form 160 or at <https://svartifoss2.fcc.gov/cores/CoresHome.html>.
  5. Number each document or statement required to be filed as Exhibit consecutively. Enter the numbers in the space provided in the items on the form.
6. 6. Approval of this application is not to be construed as modification of outstanding authorization.

**Mailing Instructions:**

**a. BY MAIL:**

Federal Communications Commission  
Experimental Radio Service  
P. O. Box 979095  
St. Louis, MO 63197-9000

**\* b. BY HAND-DELIVERY OR COURIER SERVICE:**

Federal Communications Commission  
US Bank  
Government Lockbox  
1005 Convention Plaza  
St. Louis, MO 63197-9000

\* Applications hand delivered or sent by courier should be placed in an inner envelope with address "a" and then submitted to address "b".

FCC Form 702 – Instructions  
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Edition Date: December 2001

**Notice:** The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, processing of the application may be

delayed or the application may be returned without action pursuant to the Commission rules. Your response is required to obtain the requested authority.

Public reporting burden for this collection of information is estimated to average 0.6 hour (36 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Federal Communications Commission, Office of Managing Director, Washington, DC 20554. We will also accept your PRA comments via email if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED APPLICATION FORMS TO THIS ADDRESS.

You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control of 3060-0068. This Notice is required by the Privacy Act of 1974, P.L. 93-579, December 31, 1974, 5 U.S.C. 552a(e)(3) and the Paperwork Reduction Act of 1995, P.L. 104-13, October 1, 1995, 44 U.S.C. 3507.