

Approved by OMB  
3060-0357



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**APPLICANT INFORMATION**

**Note: Use only standard punctuation. Please do not use special characters - such as ';' - in any of the fields below!**

Enter a description of this application to identify it on the main menu:

1. Applicant	
Name: <input type="text" value="Mary J Solomon"/>	Phone Number: <input type="text" value="703-534-2532"/>
DBA Name: <input type="text" value="ME"/>	Fax Number: <input type="text"/>
Street: <input type="text" value="7029L Haycock Road"/>	E-Mail: <input type="text" value="msolomon@fcc.gov"/>
City: <input type="text" value="Falls Church"/>	State: <input type="text" value="VA"/>
Country: <input type="text" value="USA"/>	Zipcode: <input type="text" value="22043 -"/>
Attention: <input type="text" value="Mrs Mary J Solomon"/>	
2. Contact	
Name: <input type="text" value="Mary J Solomon"/>	Phone Number: <input type="text" value="703-534-2532"/>
Company: <input type="text"/>	Fax Number: <input type="text"/>
Street: <input type="text" value="7029L Haycock Road"/>	E-Mail: <input type="text" value="msolomon@fcc.gov"/>
City: <input type="text" value="Falls Church"/>	State: <input type="text" value="VA"/>
Country: <input type="text" value="USA"/>	Zipcode: <input type="text" value="22043 -"/>
Attention: <input type="text"/>	Relationship: <input type="text"/>
3. Other Company(ies) Involved in Application	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
4. Destination Country	

<input type="text" value="USA"/>	5. Place of Incorporation <input style="width:90%;" type="text"/>
6. Is a fee submitted with this application? <input type="radio"/> If Yes, complete and attach FCC Form 159.  If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other (please explain): <input style="width:400px;" type="text"/>	
7. Attachment 1: <input type="text" value="Attachment"/> Attachment 2: <input type="text" value="Attachment"/> Attachment 3: <input type="text" value="Attachment"/>	
8. Is the agency an Enhanced Service Provider? <span style="float:right"><input type="radio"/> Yes    <input type="radio"/> No</span>	
9. Is the agency a Common Carrier? <span style="float:right"><input type="radio"/> Yes    <input type="radio"/> No</span>	
10. If you answered "Yes" to questions 8 or 9, please check if required attachments are included in the filing. <span style="float:right"><input type="radio"/> Yes    <input type="radio"/> No</span>  <span style="float:right"><input type="radio"/> N/A</span>	
11. Operator of radio frequency equipment capable of causing harmful interference internationally (Rule Part 63.701)? <span style="float:right"><input type="radio"/> Yes    <input type="radio"/> No</span>	
12. I am aware that my company is bound by all laws and obligations of the United States, including Article 6 of the Constitution of the International Telecommunications Union and all binding telecommunications regulations promulgated thereunder. My company will obey those obligations in all respects. <span style="float:right"><input type="radio"/> Yes    <input type="radio"/> No</span>	

**FOREIGN AFFILIATION**

13. Affiliation (a): A greater than 25 percent ownership of capital stock, or controlling interest at any level, by the applicant, or by any entity that directly or indirectly controls or is controlled by it, or that is under direct or indirect common control with it, in a foreign carrier or in any entity that directly or indirectly controls a foreign carrier.	<input type="radio"/> Yes <input type="radio"/> No
14. Affiliation (b): A greater than 25 percent ownership of capital stock, or controlling interest at any level, in the applicant by a foreign carrier, or any entity that directly or indirectly controls or is controlled by a foreign carrier, or that is under direct or indirect common control with a foreign carrier; or by two or more foreign carriers investing in the applicant in the same manner in circumstances where the foreign carriers are parties to, or the beneficiaries of a contractual relation.	<input type="radio"/> Yes <input type="radio"/> No

**BASIC QUALIFICATIONS**

15. By checking Yes, the undersigned certifies, that neither 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 Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. <i>See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.</i>	<input type="radio"/> Yes <input type="radio"/> No
16. Description. (Summarize the nature of the application and the services to be provided). <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	

**CERTIFICATION**

17. Typed Name of Person Signing	18. Title of Person Signing
<p align="center"><b>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 AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).</b></p>	

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