

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

See instructions for information
regarding public burden estimates

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES **FCC/MELLON FEB 04 1992**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)		7. CLASS OF STATION: (enter code) FXO	
		8. ELIGIBILITY RULE SECTION: 90.75(a)1	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) Sunset Ridge	B. CITY: Glendora
C. COUNTY: Los Angeles	D. STATE: CA E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 34-11-11 N LONGITUDE: 117-42-03 W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... YES NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? YES NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Metagram America	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: IB	
12E. CURRENT LICENSEE'S CALL SIGN: WNNL771	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **100** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **5240** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **Cable Airport** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: **S 5 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES **FCC/MELLON FEB 04 1992**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75 (a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) Blue Mountain	B. CITY: Grand Terrace
C. COUNTY: San Bernardino	D. STATE: CA E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 34-01-20 N LONGITUDE: 117-17-46 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Cook Telecom, Inc.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: CD	
12E. CURRENT LICENSEE'S CALL SIGN: KNKC380	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 75 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 2428 FT	
16A. NAME OF NEAREST AIRCRAFT LANDING AREA: Norton AFB	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: NNE 5 Mi

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Expires 10/31/90
See instructions for information regarding public burden estimate.

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES NO **FCC/MELLON FEB 04 1990**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	

9A. PURPOSE OF APPLICATION:
 NEW STATION MODIFICATION (SEE 9B & 9C) MODIFICATION WITH RENEWAL (SEE 9B & 9C) ASSIGNMENT OF AUTHORIZATION OTHER (SPECIFY) **▶**

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

10. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) Santiago Peak	B. CITY: Silverado
C. COUNTY: Orange	D. STATE: CA
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 33-42-38 N LONGITUDE: 117-32-00	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... YES NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? YES NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Meridian Comm.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: GX	
12E. CURRENT LICENSEE'S CALL SIGN: WXZ985	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **140**

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **5569**

16A. NAME OF NEAREST AIRCRAFT LANDING AREA:
El Toro Air Station

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY:
SW 10 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES NO

FCC/MELLON FEB 04 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)		7. CLASS OF STATION: (enter code) FXO	
		8. ELIGIBILITY RULE SECTION: 90.75(a)1	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) LaAvanzada Rd.	B. CITY: San Francisco
C. COUNTY: San Francisco	D. STATE: CA E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 37-45-20 N LONGITUDE: 122-27-05 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Sutro Tower Co.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: TB	
12E. CURRENT LICENSEE'S CALL SIGN: KNCG222	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 977 F	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) F	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) F	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? F	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 834 F	
16A. NAME OF NEAREST AIRCRAFT LANDING AREA: Alameda NAS	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: ENE 7 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

See instructions for information
regarding public burden estimates

FOR COMMISSION USE ONLY

FILE NUMBER: _____ SEND TO ASB: YES NO **FCC/MELLON FEB 04 1995**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75 (a) 1	

9A. PURPOSE OF APPLICATION:
 NEW STATION MODIFICATION (SEE 9B & 9C) MODIFICATION WITH RENEWAL (SEE 9B & 9C) ASSIGNMENT OF AUTHORIZATION OTHER (SPECIFY) **▶**

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) Mt. Diablo		B. CITY: Walnut Creek
C. COUNTY: Contra Costa	D. STATE: CA	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 37-52-54 N LONGITUDE: 121-55-05 W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. YES NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? YES NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Comtech Inc.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: GS	
12E. CURRENT LICENSEE'S CALL SIGN: WNUR312	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **285** F

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) F

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) F

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? F

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **3580** F

16A. NAME OF NEAREST AIRCRAFT LANDING AREA: Antioch	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: NE 8 Mi
---	--

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

See instructions for information regarding public burden estimates

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES

FCC/MELLON FEB 04 1995

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)		7. CLASS OF STATION: (enter code) FXO	
		8. ELIGIBILITY RULE SECTION 90.75(a)1	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) Mt. Woodson	B. CITY: Ramona
C. COUNTY: San Diego	D. STATE: CA E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 33-00-34 N LONGITUDE: 116-58-11 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Cabinets Unlimited	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: TB	
12E. CURRENT LICENSEE'S CALL SIGN: WNBW796	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 115	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 2894	
16A. NAME OF NEAREST AIRCRAFT LANDING AREA Ramona	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: NE 3.72

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Expires 10/31/99
See instructions for information regarding public burden estimate

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES NO

FCC/MELLON FEB 04 1999

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT:
Theodore D. Lesko

2. MAILING ADDRESS: (No., street, city, state, ZIP code)
**73 Chestnut Avenue
Rochelle Park, NJ 07662**

Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.

3. CALL SIGN: (If application refers to an existing Part 94 station)

4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)

5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:
Theodore D. Lesko

5B. TELEPHONE NUMBER OF THE CONTACT:
(201) 488-0800

6. TYPE OF APPLICANT: INDIVIDUAL ASSOCIATION
 PARTNERSHIP CORPORATION GOVERNMENTAL ENTITY

7. CLASS OF STATION: (enter code) **FXO**

8. ELIGIBILITY RULE SECTION:
90.75(a)1

9A. PURPOSE OF APPLICATION:
 NEW STATION MODIFICATION (SEE 9B & 9C) MODIFICATION WITH RENEWAL (SEE 9B & 9C) ASSIGNMENT OF AUTHORIZATION OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) **Mt. Loma Prieta**

B. CITY: **Los Gatos**

C. COUNTY: **Santa Clara**

D. STATE: **CA**

E. COORDINATES: (Degrees, Minutes, Seconds)
LATITUDE: **37-06-39 N** LONGITUDE: **121-50-31 W**

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... YES NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? YES NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:
Y Pay More Cleaner

12D. CURRENT LICENSEE'S RADIO SERVICE:
GU

12E. CURRENT LICENSEE'S CALL SIGN:
WNRG960

FOR COMMISSION USE ONLY
ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **220 FT**

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **3791 FT**

16A. NAME OF NEAREST AIRCRAFT LANDING AREA:
Sky Park

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY:
SW 11 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

See instructions for information
regarding public burden estimate

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES NO

FCC/MELLON FEB 04 199

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION 90.75 (a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) Park Place, 1230 N St.	B. CITY: Sacramento
C. COUNTY: Sacramento	D. STATE: CA E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 38-34-29 N LONGITUDE: 121-29-26 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Smart SMR Inc.	FOR COMMISSION USE ONLY
12D. CURRENT LICENSEE'S RADIO SERVICE: YX	ASB:
12E. CURRENT LICENSEE'S CALL SIGN: WNCE490	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT F	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) F	200
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) F	31
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? F	231
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE F	20
16A. NAME OF NEAREST AIRCRAFT LANDING AREA Sacramento Exec.	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: S 4.0 M

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

See instructions for information
regarding public burden estimate

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES NO

FCC/MELLON FEB 04 19

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	

9A. PURPOSE OF APPLICATION:
 NEW STATION MODIFICATION (SEE 9B & 9C) MODIFICATION WITH RENEWAL (SEE 9B & 9C) ASSIGNMENT OF AUTHORIZATION OTHER (SPECIFY)

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) South Mt.	B. CITY: Santa Paula
C. COUNTY: Ventura	D. STATE: CA
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 34-19-32 N LONGITUDE: 119-02-18 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... YES NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? YES NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: E.J. Harrison	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: IB	
12E. CURRENT LICENSEE'S CALL SIGN: WNTE528	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **135** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **2263** FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **0** FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **2263** FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **2263** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **Santa Paula** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: **NW 2 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES NO

FCC/MELLON FEB 04 1991

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		7. CLASS OF STATION: (enter code) FXO	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)		8. ELIGIBILITY RULE SECTION 90.75 (a) 1	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE.

A. NUMBER AND STREET: (or other specific indication) Bear Mountain	B. CITY: Stockton
C. COUNTY: Calaveras	D. STATE: CA
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 38-07-01 N LONGITUDE: 120-43-27 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... YES NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? YES NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Motorola Inc.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YX	
12E. CURRENT LICENSEE'S CALL SIGN: WNCE542	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **200** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **2670** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA:
Calaveras Cnty.

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: **NNE 5.5 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

See instructions for information
regarding public burden estimate

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES NO

FCC/MELLON FEB 04 1991

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (201) 488-0800	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75 (a) 1	

9A. PURPOSE OF APPLICATION:

NEW STATION MODIFICATION (SEE 9B & 9C) MODIFICATION WITH RENEWAL (SEE 9B & 9C) ASSIGNMENT OF AUTHORIZATION OTHER (SPECIFY)

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) Sugarloaf Mtn.		B. CITY: Fairfield	
C. COUNTY: Napa	D. STATE: CA	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 38-15-50 N LONGITUDE: 122-12-54 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. YES NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? YES NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: American Paging	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: CD	
12E. CURRENT LICENSEE'S CALL SIGN: KNKL824	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **70** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC. WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **70** FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **0** FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **70** FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **1650** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA Napa County	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: SW 4.5 Mi
--	--

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES NO

FCC/MELLON FEB 04 199

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT:
Theodore D. Lesko

2. MAILING ADDRESS: (No., street, city, state, ZIP code)
**73 Chestnut Avenue
Rochelle Park, NJ 07662**

Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.

3. CALL SIGN: (If application refers to an existing Part 94 station)

4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)

5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION:
Theodore D. Lesko

5B. TELEPHONE NUMBER OF THE CONTACT:
(201) 488-0800

6. TYPE OF APPLICANT: INDIVIDUAL ASSOCIATION
 PARTNERSHIP CORPORATION GOVERNMENTAL ENTITY

7. CLASS OF STATION: (enter code) **FXO**

8. ELIGIBILITY RULE SECTION:
90.75(a)1

9A. PURPOSE OF APPLICATION:
 NEW STATION MODIFICATION (SEE 9B & 9C) MODIFICATION WITH RENEWAL (SEE 9B & 9C) ASSIGNMENT OF AUTHORIZATION OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) **St. Helena**

B. CITY: **Calistoga**

C. COUNTY: **Napa**

D. STATE: **CA**

E. COORDINATES: (Degrees, Minutes, Seconds)
LATITUDE: **38-39-22** N LONGITUDE: **122-36-57** W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... YES NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? YES NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:
Peterson Tractor

12D. CURRENT LICENSEE'S RADIO SERVICE:
GU

12E. CURRENT LICENSEE'S CALL SIGN:
WNPF474

FOR COMMISSION USE ONLY
ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **100** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **3960** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **Calistoga**

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: **SSE 6 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Expires 10/31/
See instructions for information
regarding public burden estimate

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB: YES NO

FCC/MELLON FEB 04

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: Theodore D. Lesko		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 73 Chestnut Avenue Rochelle Park, NJ 07662		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION Theodore D. Lesko	
6. TYPE OF APPLICANT: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT (201) 488-0800	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)		7. CLASS OF STATION: (enter code) FXO	
		8. ELIGIBILITY RULE SECTION 90.75(a)1	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? YES NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) Santa Ynez Peak	B. CITY: Santa Barbara
C. COUNTY: Santa Barbara	D. STATE: CA E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 34-31-36 N LONGITUDE: 119-58-39 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: KTTLA Inc.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: BA	
12E. CURRENT LICENSEE'S CALL SIGN: KPJ776	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 135 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC. WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 4260 FT	
16A. NAME OF NEAREST AIRCRAFT LANDING AREA: Santa Barbara Muni.	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: SE 12 Mi

1: Feesg1 - K-95

Auto

PERFORM: [] Next Previous Add Update Remove Table Screen ...
 Searches the active database table. ** 1: appl table**

FEEES II 06/28/93
 GENERAL ARGUMENT QUERY

Fee Control Number: [9201098675133001]
 Applicant's Name: [NEW AGE GENERAL PARTNERS]
 Correspondence Address (Line 1): [240 BLUFF VIEW DR]
 Correspondence Address (Line 2): []
 City: [GUILFORD] State/Country: [CT] ZIP Code: [064370000]
 Call Sign: [] Data Changed Flag: [N] Debar Flag: []

(1) Fee Type Code:	PEP	Fee Multiple:	0001	Fee Due:	\$155.00
(2) Fee Type Code:		Fee Multiple:	0000	Fee Due:	\$0.00
(3) Fee Type Code:		Fee Multiple:	0000	Fee Due:	\$0.00
(4) Fee Type Code:		Fee Multiple:	0000	Fee Due:	\$0.00
(5) Fee Type Code:		Fee Multiple:	0000	Fee Due:	\$0.00

Total Amount Remitted: \$ 155.00 Overage Amount: \$ 0.00
 Current Amount: \$ 155.00 Check Flag:

Waiver: Status: Refund: Payment:
 Press S for next screen

100 row(s) found

VT320 Help: Alt-H Script: Alt- fees-g1.fcc.gov:23 TELNET

Start No... SE... Ker... 1:... Links N 9:25 AM

100 of these @ \$155.00

\$15,500.00 Total