

DOCKET FILE COPY ORIGINAL

02-179

FCC 601  
Main Form

FCC Application for Wireless  
Telecommunications Bureau  
Radio Service Authorization

Approved by OMB  
3060 - 0798  
See instructions for  
public burden estimate

File Number:  
0000628303

1) Radio Service Code: <b>AF</b>	1a) Existing Radio Service Code:
2) Application Purpose: <b>Renewal Only</b>	
3a) If this request is for a <u>D</u> evelopmental License, <u>D</u> emonstration License, or a <u>S</u> pecial Temporary Authorization (STA), enter the code and attach the required exhibit as described in the instructions. Otherwise enter <u>N</u> (Not Applicable).	( <u>N</u> ) <u>D</u> <u>M</u> <u>S</u> <u>N/A</u>
3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	( ) <u>Y</u> es <u>N</u> o
4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number:
5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.	Call Sign: <b>WYT9</b>
6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	
7) Is this request "major" as defined in Section 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of Section 1.929)	( <u>N</u> ) <u>Y</u> es <u>N</u> o
8a) Does this filing request a Waiver of the Commission's Rules? If 'Yes', attach an exhibit providing the rule numbers and expanding circumstances.	( <u>N</u> ) <u>Y</u> es <u>N</u> o
8b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.	
8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	( ) <u>Y</u> es <u>N</u> o
9) Are attachments being filed with this application?	( <u>N</u> ) <u>Y</u> es <u>N</u> o

**Applicant Information**

10a) Taxpayer Identification Number: <b>L00411372</b>	10b) SGIN: <b>000</b>	10c) FCC Registration Number (FRN): <b>0005769781</b>
11) Licensee is a(n): <b>Corporation</b>		
12) First Name (if individual):	MI:	Last Name: Suffix:
13) Entity Name (if other than individual): <b>RESORT AVIATION SERVICES</b>		
14) Name of Real Party in Interest of Applicant:		
15) Taxpayer Identification Number:		
16) Attention To:		
17) P.O. Box: <b>1018</b>	And/Or	18) Street Address: <b>11101 AIRPORT DR</b>
19) City: <b>HAYDEN</b>	20) State: <b>ID</b>	21) Zip: <b>83835-1018</b>
22) Telephone Number:	23) FAX:	
24) E-Mail Address:		

**Contact Information (If different than applicant)**

25) First Name:	MI:	Last Name:	Suffix:
26) Entity Name:			

27) P.O. Box:	And/Or	28) Street Address:
29) City:	30) State:	31) Zip:
32) Telephone Number:		33) FAX:
34) E-Mail Address:		

**Regulatory Status**

35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):	<input type="checkbox"/> Common Carrier <input type="checkbox"/> Non-Common Carrier <input type="checkbox"/> Private, Internal communications <input type="checkbox"/> Broadcast Services <input type="checkbox"/> Band Manager
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**Type of Radio Service**

36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Radiolocation <input type="checkbox"/> Satellite (sound) <input type="checkbox"/> Broadcast Services
37) Interconnected Service? ( <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Fee Status**

38) Is the Applicant exempt from FCC application fees?	( <input checked="" type="checkbox"/> ) Yes <input type="checkbox"/> No
39) Is the Applicant exempt from FCC regulatory fees?	( <input checked="" type="checkbox"/> ) Yes <input type="checkbox"/> No

**Alien Ownership Questions (If any answer is Yes, attach exhibit explaining circumstances.)**

40) Is the applicant a foreign government or the representative of any foreign government?	( <input type="checkbox"/> ) Yes <input checked="" type="checkbox"/> No
41) Is the applicant an alien or the representative of an alien?	( <input type="checkbox"/> ) Yes <input checked="" type="checkbox"/> No
42) Is the applicant a corporation organized under the laws of any foreign government?	( <input type="checkbox"/> ) Yes <input checked="" type="checkbox"/> No
43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	( <input type="checkbox"/> ) Yes <input checked="" type="checkbox"/> No
44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	( <input type="checkbox"/> ) Yes <input checked="" type="checkbox"/> No

**Basic Qualification Questions (If any answer is Yes, attach exhibit explaining circumstances.)**

45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?	( <input type="checkbox"/> ) Yes <input checked="" type="checkbox"/> No
46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?	( <input type="checkbox"/> ) Yes <input checked="" type="checkbox"/> No
47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	( <input type="checkbox"/> ) Yes <input checked="" type="checkbox"/> No
48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?	( <input type="checkbox"/> ) Yes <input checked="" type="checkbox"/> No

**Aeronautical Advisory Station (Unicom) Certification**

49) ( ) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

**50) Race, Ethnicity, Gender of Applicant/Licensee (Optional)**

<b>Race:</b>	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
<b>Ethnicity:</b>	Hispanic or Latino:	Not Hispanic or Latino:			
<b>Gender:</b>	Female:	Male:			

**General Certification Statements**

- 1) 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 an authorization in accordance with this application.
- 2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.\*  
\*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b) for the definition of 'party to the application' as used in this certification.
- 5) The applicant certifies that it either (1) has current Form 602 on file with the Commission, (2) is filing an update Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.
- 6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. § 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. §§ 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

**Signature**

51) Typed or Printed Name of Party Authorized to Sign

First Name: <b>SIGNATURE</b>	MI:	Last Name: <b>ON FILE</b>	Suffix:
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52) Title:

Signature: **SIGNATURE ON FILE**      53) Date: **10/15/01**

Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid

Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503).

The copy resulting from Print Preview is intended to be used as a reference copy only and MAY NOT be submitted to the FCC as an application for manual filing.

**Attachment List**

<b>Attachment Type</b>	<b>Date</b>	<b>Description</b>	<b>Contents</b>
Other	10/17/01	OTHER ATTACHMENT	<a href="#">0177067370672453100794185.pdf</a>
Other	01/08/02	ATTACHMENT TO RO	<a href="#">0177173350672453100794185.pdf</a>