

OMB
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Form for public
estimate



FEDERAL
COMMUNICATIONS
COMMISSION

FOR
FCC
USE
ONLY

Ded

837467

APPLICATION FOR RENEWAL OF PRIVATE RADIO STATION LICENSE

82 : 8 96 83J

DE LAND, CITY OF
1777 LANGLEY AVE
DE LAND, FL 32

Post-it Fax Note	7671	Date	12-9-99	# of pages	1
To	Tim Monville	From	Wes Houser		
Co./Dept.	NTSB	Co.	DeLand Airport		
Phone	[REDACTED]	Phone	[REDACTED]		
Fax #	[REDACTED]	Fax #	[REDACTED]		

17 1s 1-089 58778
910603 R 0

1. Call Sign	2. Payment Type Code	3. Quantity	4. Fcc Due	FCC Use Only	5. Identifier
KUP6					
6. Radio Service			7. File Number	8. Grant Date	9. Expiration Date
AF AERONAUTICAL AND FIXED			820987	910606	960429
10. Licensee Name					
DE LAND, CITY OF					
11. Sta Class	12. Station Location / Area of Operation		City	County	State
FAA	DE LAND MUN ARPRY SIDNEY H TAYLOR FLD		DE LAND	VOLUSIA	FL
STATION CLASS: FAA AERONAUTICAL ADVISORY (UNICOM)					
AERONAUTICAL ADVISORY/UNICOM LICENSEES MUST COMPLY WITH ITEM 3 ON REVERSE					

*J 60
9-75
9-24 F-2
No Prk*

12-8-00

13. PURPOSE OF APPLICATION: Place an "X" in applicable box(es)

RENEWAL CHANGE OF MAILING ADDRESS CANCELLATION OF LICENSE (Station closed, no fee required) CHANGE OF LICENSEE NAME (Without change of ownership, corporate structure or control)

14. CERTIFICATION

1) Applicant certifies to possession of current FCC rules for the requested radio service.
 2) Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise.
 3) Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons.
 4) Neither applicant nor any member thereof is a foreign government or representative thereof.
 5) Neither the 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 Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance
 6) Applicant certifies that all statements made in this application are true, complete, and made in good faith.

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 LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE TITLE 47, SECTION 503).

FAX # 904-736-8494

TYPED/PRINTED NAME: *Larry S. Hargis* TELEPHONE: [REDACTED]

SIGNATURE: *[Signature]* DATE: *Feb. 6, 1996*

APPLICANT CLASSIFICATION (Select one)

Authorized Employee of Applicant Corporation General Partner of Applicant Partnership Individual Applicant Officer who is also a Member of Applicant Association Official of Governmental Entity

SEE REVERSE