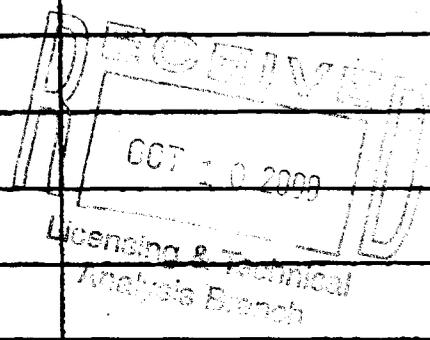


Applicant/Licensee Information

1) First Name (if individual):	MI:	Last Name:	Suffix:
2) Applicant Name (if entity): NEW HAMPSHIRE, STATE OF DEPARTMENT OF SAFETY DIVISION OF STATE POLICE		3) Applicant TIN: [REDACTED]	

Related FCC Regulated Businesses of Applicant/Licensee

4a) Name and address of all FCC Regulated Businesses owned by Applicant/Licensee (use additional sheets, if necessary):	4b) Principal Business:	4c) TIN:	4d) Percent of Interest Held:
NH DEPARTMENT OF SAFETY 10 HAZEN DR. CONCORD, NH 03305	PUBLIC SAFETY	[REDACTED]	



Signature
5) Typed or Printed Name of Party Authorized to Sign

First Name: JAMES	MI: R.	Last Name: KOWALIK	Suffix:
Title: SUPERVISOR - NEW HAMPSHIRE STATE POLICE COMMUNICATIONS MAINTENANCE			
Signature: <i>James R. Kowalik - SP Comm Maint</i>			Date: 10/10/00

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

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 MY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).