Reference Copy Only. Do Not Mail to the FCC as an Application.

1a) Existing Radio Service Code:

Submitted: 12/10/2014 at 09:13:52 File Number: 0006576152

FCC 601 Main Form

1) Radio Service Code:

FCC Application for Radio Service Authorization: Wireless Telecommunications Bureau Public Safety and Homeland Security Bureau

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

	YG	
Gen	eral Information	
2)	(Select only one) (RO) NE - New RO - Renewal Only AU - Administrative Update MD - Modification AM - Amendment CA - Cancellation of License DU - Duplicate License NT - Required Notification EX - Requests for EX - Registered Local CA - Registered Local CA - Cancellation of License DU - Duplicate License RL - Registered Local CA - Cancellation of License RL - Registered Local CA - Cancellation of License RL - Registered Local CA - Cancellation of License RL - Registered Local CA - Cancellation of License RL - Registered Local CA - Cancellation of License RL - Registered Local CA - Cancellation of License RL - Registered Local CA - Cancellation of License RL - Registered Local CA - Cancellation RL - Registered Local CA - Cancellation of License RL - Registered Local CA - Cancellation RL - Registered Local CA - Registered Local CA - Registered RL - RL - Registered RL - RL	Extension of Time
3a)	If this application is for a <u>D</u> evelopmental License, De <u>m</u> onstration 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).	(N) <u>D M S N</u> /A
3b)	If this application 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 application 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 application is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license. If this is a request for Registered Location/Link, enter the FCC call sign assigned to the geographic license.	Call Sign WIM259
6)	If this application is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MMDD /
7)	Is this application "major" as defined in §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 §1.929).	() <u>Y</u> es <u>N</u> o
8)	Are attachments (other than associated schedules) being filed with this application?	(N) <u>Y</u> es <u>N</u> o

Fees. Waivers, and Exemptions

rees, waivers, and Exemptions	
9) Is the Applicant exempt from FCC application fees?	(N) <u>Y</u> es <u>N</u> o
10) Is the Applicant exempt from FCC regulatory fees?	(N) <u>Y</u> es <u>N</u> o
11a) Does this application include a request for a Waiver of the Commission's Rule(s)? If 'Yes', attach an exhibit providing rule number(s) and explaining circumstances.	(N)Yes No
11b) If 11a is 'Y', enter the number of rule sections involved.	Number of Rule Section(s):
12) 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

13) FCC Registration Number (FRN):						
0006613392						
14) Applicant/Licensee Legal Entity Type: (Select Or () Individual ()Unincorporated Association		rust	()Governmen	t Entity (χ)C	Corporation ()Limited Liability Compa
() General Partnership () Limited Partner	rship () Lir	mited Liability Parti	nership () Consortiun	1
() Other:	- 1 (,	,		,	
15) If the Licensee name is being updated, is the up						
to another party and for which proper Commis provided?	ssion appr	oval ha	s not been receiv	ed or proper no	otification not	
16) First Name (if individual):	1	MI:	Last Name:			Suffix:
17) Legal Entity Name (if other than individual):						
NATIONAL SCIENCE AND TECHNOLOGY	Y NETWO	RK IN	C			
18) Attention To:						
Ted S. Henry						
19) P.O. Box:	And/Or	20) \$	Street Address:			
		2	050 S BUNDY [OR, SUITE 285		
21) City:				22) State:	23) 2	Zip Code:
LOS ANGELES				CA	90	0025
24) Telephone Number:			25) FAX:			
(310)820-1234			(310)8	26-4954		
26) E-Mail Address:						
7) Domographics (Optional):						
7) Demographics (Optional): Race:	Ethni	city:			Gender:	
()American Indian or Alaska Native	()	Hispan	ic or Latino		()Male	
()Asian	(X)	Not His	panic or Latino		()Fem	ale
()Black or African-American						
()Native Hawaiian or Other Pacific Islander						
, ,						
,						
()White						
()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif	fferent from	1	29) FCC Re	egistration Numbe	er (FRN) of R	eal Party in Interest:
()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant):	fferent from	1	29) FCC Re	egistration Numbe	er (FRN) of R	eal Party in Interest:
()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): ontact Information (If different from the Applicant)) Check here if same as Applicant.	fferent from			egistration Numbe	er (FRN) of Ro	
()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): ontact Information (If different from the Applicant)) Check here if same as Applicant.	fferent from	MI:	29) FCC Re	egistration Numbe	er (FRN) of R	eal Party in Interest: Suffix:
()White Leal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): Contact Information (If different from the Applicant) Check here if same as Applicant. 30) First Name:	fferent from			egistration Numbe	er (FRN) of Ro	
()White Leal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): Leontact Information (If different from the Applicant) Check here if same as Applicant. 30) First Name: 31) Company Name:	fferent from			egistration Number	er (FRN) of R	
()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant)) Check here if same as Applicant. 30) First Name: 31) Company Name: WASHINGTON RADIO REPORTS	fferent from			egistration Numbe	er (FRN) of Ro	
()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): ontact Information (If different from the Applicant)) Check here if same as Applicant. 30) First Name: WASHINGTON RADIO REPORTS	fferent from			egistration Numbe	er (FRN) of Ro	
()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): ontact Information (If different from the Applicant)) Check here if same as Applicant. 30) First Name: WASHINGTON RADIO REPORTS 32) Attention To: AMANDA KRICHTEN	And	MI:		egistration Numbe	er (FRN) of R	
eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): ontact Information (If different from the Applicant)) Check here if same as Applicant. 30) First Name: WASHINGTON RADIO REPORTS 32) Attention To: AMANDA KRICHTEN		MI:	Last Name:	egistration Number	er (FRN) of Ro	
()White eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant)) Check here if same as Applicant. 30) First Name: WASHINGTON RADIO REPORTS 32) Attention To: AMANDA KRICHTEN 33) P.O. Box: 3594	And	MI:	Last Name:		er (FRN) of Ro	
()White Leal Party in Interest	And	MI:	Last Name: treet Address: 36) Sta		er (FRN) of R	Suffix:
eal Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): contact Information (If different from the Applicant)) Check here if same as Applicant. 30) First Name: WASHINGTON RADIO REPORTS 32) Attention To: AMANDA KRICHTEN 33) P.O. Box: 3594 35) City: GETTYSBURG 38) Telephone Number:	And	MI:	treet Address: 36) Sta PA 39) FAX:	te:	er (FRN) of Ro	Suffix: 37) Zip Code:
()White Real Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): Contact Information (If different from the Applicant)	And	MI:	treet Address: 36) Sta PA 39) FAX:		er (FRN) of Ro	Suffix: 37) Zip Code:
()White Real Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): Contact Information (If different from the Applicant) Applicant Contact Information (If different from the Applicant) Contact Information (If differ	And	MI:	treet Address: 36) Sta PA 39) FAX:	te:	er (FRN) of Ro	Suffix: 37) Zip Code:
()White Real Party in Interest 28) Name of Real Party in Interest of Applicant (If dif Applicant): Contact Information (If different from the Applicant)	And	MI:	treet Address: 36) Sta PA 39) FAX:	te:	er (FRN) of Ro	Suffix: 37) Zip Code:

		,		,	\	`,	oose all that apply):	,				
13)) <u>F</u> ixed	() <u>M</u> obile	()Radiolocation	(hlis talani) <u>S</u> atellite (sound)	() <u>B</u> roadc	ast Se		No
13)	Does the Applica	ani propos	e to provide se	ivice inte	rconnected to the pu	blic telebi	ione network?			() <u>Y</u> es	<u>IN</u> O
	Ownership Qu Iain Form Instr					t explaini	ing the circumstances.	In prepa	ring the at	tachn	nent, re	fer to
4)	Is the Applicant	a foreign g	government or t	the repres	entative of any foreig	gn govern	ment?			() <u>Y</u> es	<u>N</u> o
5)	Is the Applicant	an alien or	the representa	ative of ar	alien?					() <u>Y</u> es	<u>N</u> o
6)	Is the Applicant	a corporat	ion organized ι	under the	laws of any foreign g	overnme	nt?			() <u>Y</u> es	<u>N</u> o
							owned of record or voted y corporation organized u			(oreign) <u>Y</u> es country	
s ov		r voted by	aliens or their	represent	atives, or by a foreig		n more than one-fourth of ment or representative th			() <u>Y</u> es	<u>N</u> o
48	b) If the answer	to 47 or 48	Ba is 'Y' select o	one of the	choices below.							
	The Applicar	nt is exemp	ot from the prov	visions of	Section 310(b).							
					ory ruling if the Applie e provisions of Section		des in the attachment red	quired by	Item 47 or	Item 4	18a a sh	owing
							ownership, and the applic coverage area for wh					
	number, the	FCC Rec		available,			e citation(s) of the appl t that there has been no					
	immediately the Commiss	above; or sion's Rule	(ii) is an "affilia s, 47 C.F.R. §	ate" of a L 1.990(a)	icensee or Lessee/S	SubLesse e affiliate	n ownership, but is not e that received a declara s ruling for purposes of	atory rulin	g(s) under	Section	on 1.990)(a) o
	Item 48a the	citation(s) of the Applica	ant's decla	aratory ruling(s) by D	A/FCC no	August 9, 2013, include i umber, the FCC Record f its ruling and with the C	citation, it	^f available,			
	copy of a pe same radio declaratory i	tition for d service(s) ruling purs	leclaratory rulin) and geograp uant to Section	ng filed co hic cover n 1.990(a)	ntemporaneously wir rage area(s) involve of the Commission's	th the Col ed in the s Rules, 4	rgust 9, 2013, include in mmission to extend the A application. Alternative 17 C.F.R. § 1.990(a). Pe IBFS) (with a copy attacl	Applicant's ely, the A titions for	s existing r Applicant r declaratory	uling(s nay re	s) to cov equest a	er the a nev
	Item 47 or li date, and a Commission	em 48a th statemer 's Rules.	ne citation(s) of that the App The Applicant	f the appl plicant is must also	icable declaratory ru in compliance with include a certification	ing(s) by the term on of com	s of filing this application DA/FCC number, the Form of and conditions of the pliance signed by the national processors for Items	CC Recole named affile	rd citation, affiliate's iate or othe	if avai ruling er qua	ilable, re and wi	elease th the
							ownership and is request contemporaneously with t			uling (under S	ectior
	Commission	pursuant	to Section 1.9	90(a) of	the Commission's R	ules, 47	ne petition for declaratory C.F.R. § 1.990(a). Petit IBFS) (with a copy attacl	tions for d	declaratory			

Basic Qualification Questions			
49) Has the Applicant or any party to this application 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, or construction permit denied by the Commission?	() <u>Y</u> es	<u>N</u> o
50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	() <u>Y</u> es	<u>N</u> o
51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully	() <u>Y</u> es	N o

51) 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?

If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances.

Aeronautical Advisory Station (Unicom) Certification

52) () 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.

Broadband Radio Service and Educational Broadband Service Cable Cross-Ownership

53a) Will the requested facilities be used to provide multichannel video programming service? () $\underline{\mathbf{Y}}$ es $\underline{\mathbf{N}}$ o

53b) If the answer to question 53a is 'Y', does the Applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities?

Note: If the answer to question 53b is 'Y', attach an exhibit explaining how the Applicant complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

Broadband Radio Service and Educational Broadband Service (Part 27)

54) (For EBS only) Does the Applicant comply with the programming requirements contained in Section 27.1203 ()<u>Y</u>es <u>N</u>o of the Commission's Rules?

Note: If the answer to item 54 is 'N', attach an exhibit explaining how the Applicant complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

55) (For BRS and EBS) Does the Applicant comply with Sections 27.50, 27.55, and 27.1221 of the Commission's Rules? () $\underline{\mathbf{Y}}$ es $\underline{\mathbf{N}}$ o

Note: If the answer to item 55 is 'N', attach an exhibit justifying a waiver of that rule(s). If a waiver of the Commission Rule(s) is being requested, Item 11a must be answered 'Y'.

General Certification Statements

- 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 or attribution rules.*

 *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 §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 §1.2002(c) of the rules, 47 CFR § 1.2002(c). See §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 required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's Rules.
- 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.
- 7) The Applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
- 8) The Applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.
- 9) The Applicant certifies that the applicant and all of the related individuals and entities required to be disclosed on this application and FCC Form 602 (FCC Ownership Disclosure Information for the Wireless Telecommunications Services) are not person(s) who have been, for reasons of national security, barried by any agency of the Federal Government from bidding on a contract, participating in an auction, or receiving a grant. This certification applies only to applications for licenses for spectrum that is required by Sections 6103, 6401-6403 of the Middle Class Tax Relief and Job Creation Act of 2012, codified at 47 U.S.C. §§ 309, 1413, 1451-1452, to be assigned by a system of competitive bidding under 47 U.S.C. § 309(j).

)Yes No

Signature

56) Typed or Printed Name of Party Authorized to Sign

50) Typed of Finited Name of Farty Admonace to orgin				
First Name:	MI:	Last Name:		Suffix:
TED	S	HENRY		
57) Title: PRESIDENT				
Signature:			58) Date:	
TED S HENRY			12/10/201	14

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, §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).

FCC 601 Schedule H

Technical Data Schedule for the Private Land Mobile and Land Mobile Broadcast Auxiliary Radio Services (Parts 90 and 74)

Approved by OMB 3060 - 0798 See 601 Main Form instructions for public burden estimate

Eligibility					
1) Rule Section 90.35	n:	2) Describe Activity: PROVIDING RADIO	O SERVICE TO PART 90 EL	IGIBLES.	
Frequency C	Coordinator Info	rmation (if not self-coording	nated)		
3 Frequency C Num	coordination	Name of Frequency	4) uency Coordinator	5) Telephone I	6) Coordination Date
7) Has this app	olication been succe	essfully coordinated?			() <u>Y</u> es/ <u>N</u> o
8) Are you requ		odified extended implementati			() <u>Y</u> es/ <u>N</u> o
If 'Yes', atta	ch an exhibit with a	justification and a proposed s	station construction schedule.		
Associated Ca	all Signs (Attach	additional sheets if requ	uired)		
9) WQIM481					
VV QIIVI-10 I					
	I	I			
Broadcast Au	xiliary Only				
If there is an a Parent Station		10) Facility Id of Parent Station:	11) Radio Service of Parent Station:	12) City and State Community:	of Parent Station Principal
Items 10-12.	i, complete	Otation.	r dront otation.	Community.	
13) If there is no	associated parent	station, this Applicant is a: ()	14) S	State of Primary Operation:
C <u>a</u> ble Netwo			vision C able Operator		
Motion Pictur	•	vision Producer	Tiole II <u>a</u> asio operate.		
<u>M</u> otion Fictor	e Floudcei <u>T</u> ele	vision Floducei			
Control Point	(s) (Other than a	t the transmitter) (Attac	ch additional sheets if requ	ired)	
15)	16)		17)		18)
Action A/M/D	Control Point Number	Street Address, 0	Location City or Town, County/Borough/P	arish, State	Telephone Number

Antenna Information

Antennan	Antenna information											
19)	20)	21)	22)	23)	24)	25)	26)	27)				
Action	Location	Antenna	AAT	Antenna Ht.	Azimuth	Beamwidth	Polarization	Gain (dB)				
()	Number	Number	(meters)	(meters)	(degrees)	(degrees)		` '				
À/M/Ď			, ,	, ,	, ,	, , ,						
	Y .											

Frequency Information

28) Action () A/M/D	29) Location Number	30) Antenna Number	31) Frequency (MHz)	32) Station Class	33) No. of Units	34) No. of Paging Receivers	35) Output Power (watts)	36) ERP (watts)	37) Emission Designators
			Existing (if Mod) New						