

FCC 605  
Main Form

**Quick-Form Application for Authorization in the Ship, Aircraft,  
Amateur, Restricted and Commercial Operator,  
and General Mobile Radio Services**

Approved by OMB  
3060 - 0850  
See instructions for  
public burden estimate

Submitted: 12/29/1999 at 18:43:35

1) Radio Service Code: HA

**Application Purpose** (Select only one) ( MD )

2) <b>NE</b> – New <b>MD</b> – Modification <b>AM</b> – Amendment	<b>RO</b> – Renewal Only <b>RM</b> – Renewal / Modification <b>CA</b> – Cancellation of License	<b>WD</b> – Withdrawal of Application <b>DU</b> – Duplicate License <b>AU</b> – Administrative Update
3) If this request is for Developmental License or STA (Special Temporary Authorization) enter the appropriate code and attach the required exhibit as described in the instructions. Otherwise enter 'N' (Not Applicable).		( N ) <u>D</u> <u>S</u> <u>N/A</u>
4) If this request is for an Amendment or Withdrawal of Application, 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, Duplicate License, or Administrative Update, enter the call sign (serial number for Commercial Operator) of the existing FCC license. If this is a request for consolidation of DO & DM Operator Licenses, enter serial number of DO. Also, if filing for a ship exemption, you must provide call sign.		Call Sign/Serial # KG4FOE
6) If this request is for a New, Amendment, Renewal Only, or Renewal Modification, enter the requested expiration date of the authorization (this item is optional).		MM      DD
7) Does this filing request a Waiver of the Commission's rules? If 'Y', attach the required showing as described in the instructions.		( N ) <u>Yes</u> <u>No</u>
8) Are attachments (other than associated schedules) being filed with this application?		( N ) <u>Yes</u> <u>No</u>

**Applicant/Licensee Information**

9) FCC Registration Number (FRN): 0001812957

10) Applicant /Licensee is a(n): (  ) Individual Unicorporated Association Trust Government Entity Joint Venture  
 Corporation  Limited Liability Company  Partnership  Consortium

11) First Name (if individual): Angelo      MI: L      Last Name: Portaluppi      Suffix:

12) Entity Name (if other than individual): Portaluppi, Angelo L

13) Attention To:

14) P.O. Box:      And/Or      15) Street Address: 3135 SW 19 St

16) City: Miami      17) State: FL      18) Zip Code/Postal Code: 33145      19) Country:

20) Telephone Number:      21) FAX Number:

22) E-Mail Address:

**Ship Applicants/Licensees Only**

23) Enter new name of vessel: \_\_\_\_\_

**Aircraft Applicants/Licensees Only**

24) Enter the new FAA Registration Number (the N-number): \_\_\_\_\_  
**NOTE:** Do not enter the leading "N".

**Fee Status**

25) Is the applicant/licensee exempt from FCC application Fees?	( <input type="radio"/> ) <u>Yes</u> <input type="radio"/> <u>No</u>
26) Is the applicant/licensee exempt from FCC regulatory Fees?	( <input type="radio"/> ) <u>Yes</u> <input type="radio"/> <u>No</u>

**General Certification Statements**

1) The applicant/licensee 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/licensee 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.
3) Neither the applicant/licensee nor any member thereof is a foreign government or a representative thereof.
4) The applicant/licensee certifies that neither the applicant/licensee 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. <b>This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c).</b> 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) Amateur or GMRS applicant/licensee certifies that the construction of the station would NOT be an action which is likely to have a significant environmental effect (see the Commission's rules 47 CFR Sections 1.1301-1.1319 and Section 97.13(a) rules (available at web site <a href="http://wireless.fcc.gov/rules.html">http://wireless.fcc.gov/rules.html</a> )).
6) Amateur applicant/licensee certifies that they have READ and WILL COMPLY WITH Section 97.13(c) of the Commission's rules (available at web site <a href="http://wireless.fcc.gov/rules.html">http://wireless.fcc.gov/rules.html</a> ) regarding RADIOFREQUENCY (RF) RADIATION SAFETY and the amateur service section of OST/OET Bulletin Number 65 (available at web site <a href="http://www.fcc.gov/oet/info/documents/bulletins/">http://www.fcc.gov/oet/info/documents/bulletins/</a> ).

**Certification Statements For GMRS Applicants/Licensees**

1) Applicant/Licensee certifies that he or she is claiming eligibility under Rule Section 95.5 of the Commission's rules.
2) Applicant/Licensee certifies that he or she is at least 18 years of age.
3) Applicant/Licensee certifies that he or she will comply with the requirement that use of frequencies 462.650, 467.650, 462.700 and 467.700 MHz is not permitted near the Canadian border North of Line A and East of Line C. These frequencies are used throughout Canada and harmful interference is anticipated.
4) Non-Individual applicants/licensees certify that they have NOT changed frequency or channel pairs, type of emission, antenna height, location of fixed transmitters, number of mobile units, area of mobile operation, or increase in power.

**Certification Statements for Ship Applicants/Licensees (Including Ship Exemptions)**

1) Applicant/Licensee certifies that they are the owner or operator of the vessel, a subsidiary communications corporation of the owner or operator of the vessel, a state or local government subdivision, or an agency of the US Government subject to Section 301 of the Communications Act.
2) This application is filed with the understanding that any action by the Commission thereon shall be limited to the voyage(s) described herein, and that apart from the provisions of the specific law from which the applicant/licensee requests an exemption, the vessel is in full compliance with all applicable statutes, international agreements and regulations.

**Signature**

27) Typed or Printed Name of Party Authorized to Sign

First Name: Maria	MI: D	Last Name: Espina	Suffix:
28) Title: Mother of applicant			
Signature: Maria D Espina			29) Date: 12/29/1999

**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 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).

**AMATEUR STATION CALL SIGN CHANGE AND VANITY CALL SIGN REQUEST**

**Systematic Call Sign Change**

1) Is this a request to change your station call sign to the next systematically available call sign?	( N ) <u>Y</u> es No
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If you answered Yes ('Y') to Item 1, do *not* complete Items 2 and 3 on this schedule. If completing Item 2, Item 1 must be answered No ('N').

**Vanity Call Sign Change**

2) I hereby apply for a vanity call sign under the following eligibility: (make an 'X' in the appropriate box and enter the required information): (Only 1 block may be checked)	
A)	FORMER PRIMARY STATION HOLDER: I request call sign _____ be shown on my primary station license. By checking this box, I <u>certify</u> that the call sign being requested was assigned to my station within the past 2 years and that I can provide documentation, if requested.
B)	CLOSE RELATIVE OF FORMER HOLDER: I request call sign _____ be shown on my primary station license. By checking this box, I <u>certify</u> that the call sign being requested was shown on the primary station license of my deceased spouse, child, grandchild, stepchild, parent, grandparent, stepparent, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew, or in-law within the past 2 years and that I can provide documentation, if requested. Enter the deceased relationship to you: _____.
C)	FORMER CLUB STATION HOLDER: I request call sign _____ be shown on the license for the club station, for which I am the license trustee. By checking this box, I <u>certify</u> that the call sign being requested was shown on the license for this club station within the past 2 years and that I can provide documentation, if requested.
D)	CLUB STATION WITH CONSENT OF CLOSE RELATIVE OF FORMER HOLDER: I request call sign _____ be shown on the license for the club station, for which I am the license trustee. By checking this box, I <u>certify</u> the call sign being requested was shown on the primary station license of a person now deceased within the past 2 years. I <u>certify</u> I am acting with written consent of the deceased person's spouse, child, grandchild, stepchild, parent, grandparent, stepparent, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew, or in-law and I can provide documentation, if requested. Enter the deceased relationship to the person giving consent _____.
X E)	PRIMARY STATION PREFERENCE LIST: I request the first assignable call sign from my preference list in item #3 be shown on the license for my primary station.
F)	CLUB STATION PREFERENCE LIST: I request the first assignable call sign from my preference list in item #3 be shown on the license for the club station, for which I am the license trustee.

**Vanity Call Sign PREFERENCE LIST**

3) Select your preference list of vanity call signs very carefully. Give exact prefix, numeral, and suffix for each call sign.				
1) N4AAB	6)	11)	16)	21)
2) W4XDZ	7)	12)	17)	22)
3) W4ZXD	8)	13)	18)	23)
4) W4AAZ	9)	14)	19)	24)
5) W4ADF	10)	15)	20)	25)
<b>Note: If none of the call signs you selected are assignable, you will retain your existing call sign.</b>				