

HEADQUARTERS, WYOMING WING, CAP
 United States Air Force Auxiliary
 P.O. Box 2013, Cheyenne, WY 82003

WYOMING WING, CIVIL AIR PATROL
 RADIO STATION LICENSE APPLICATION

Unit Charter # 49074
 Unit Name Clava Park Wilderness SAR
 Type of Application: New Modification Renewal
 If modification, present tactical call _____
 Type of Station: Fixed Gnd Mobile Air Mobile
 Will CAP have absolute control of station, both physical operation and service conducted? Yes No *(See it is the lic to me only)*
 Are all transmitters crystal-controlled? Yes No *Public Resp. Desk*
 (If No, explain on separate sheet.)

Member in Charge Nels A. Nelson
 CAP Rank & Serial # DOT 520465283
 Mailing Address 606 So. Thurston
Sheridan, WY 82801
 Telephone: Home 674-6070 Business 674-6446
 FCC Operator's License (Type & Date of Issue) HAM Op (see class) 155-02/10/87
 CAP Radio Operator's Permit (Wing & Date of Issue or #) _____

HF EQUIPMENT

OWNER	MANUFACTURER	MODEL	SERIAL #	FREQUENCIES	CERTIFICATION DATE
Nelson Nelson	ICOM	735 (TRP)		ALL HF	1985
Nelson	HERRICK	DR40 (Tx)		Non Cont. SWR on HF	1980
Nelson	AMERICAN	SK100 (Rx)		ALL HF	1960

VHF-FM EQUIPMENT

OWNER	MANUFACTURER	MODEL	SERIAL #	FREQUENCIES	CERTIFICATION DATE
Nelson	Kenwood	TR-7950 (TRP)		143-150	1982
	ICOM	OZ AT (TRP)		143-160	1982
	AZDEN	SD00 (TRP)		143-160	1986

*Capability: (A) Repeater - T143.90/R148.15; (B) Simplex - T148.15/R148.15; (C) Reverse - T148.15/R143.90
 (D) Repeater - T143.75/R148.15; (E) Simplex - T149.925/R149.925

CB EQUIPMENT
Radio Shack 4000
 CB CHANNEL/26.620

AERONAUTICAL SAR OWNER	MANUFACTURER	MODEL	TYPE ACCEPTANCE #	POWER OUTPUT	FREQUENCIES	CERTIFICATION DATE

(If more space is needed, attach another sheet.)
 NOTE: Submit one (1) copy to Wing Licensing Officer; submit SAR License application on a separate form; annotate if any equipment may be used simultaneously on the same frequency requiring multiple licensing.
 Wyoming Wing Form 2, 23 February 1987
 Previous editions are obsolete.

If this application concerns a fixed station license, the following items must also be completed:

Actual Address of Station 606 S. THURMOND
(No Post Office Box) SHERIDAN, WY 82801

Geographical Coordinates: Latitude 41° 47' 30"
Longitude 106° 57' 32"
Do you have emergency power available to operate your base station equipment? Yes X No

If an antenna is located within the boundary of a landing area, give name of landing area and distance to center line of nearest runway. N/A

If not, give distance to and name of the nearest landing area. Sheldon Air Base 1 mile
Elevation of ground above mean sea level at antenna site. 3850 feet

Height of uppermost point above ground level of antenna (or antenna structure). 28 feet
Draw a brief sketch of the antenna in relation to the control point of the equipment.



If any of the equipment listed on the license application is member-owned, the following agreement must be signed.
I hereby offer the use of my personal equipment to the Commander of 600th AEWCS S&A Squadron, Group, Wyoming Wing, Civil Air Patrol, for the use of official CAP business, the items of equipment listed on this station license application.

I understand that under the terms of this agreement the further use of CAP channels, supervision, and the control of the listed equipment will be subject to the direction of the Unit Commander, or his designee, and it will be used only for official business as set forth in the CAP Regulations and Directives.

Signature of Member in Charge [Signature] CAP Serial # [Redacted] Date 9/17/87

Member's Certification:
I certify that I am a current CAP member and that the information contained herein is true to the best of my knowledge.

Signature [Signature] Date 9/17/87

EFFEKTIVE DATE	AMATEUR RADIO LICENSE	CALL SIGN	OPERATOR PRIVILEGES
02/11/87	EXPIRATION DATE 02/11/97	KAYWLSL	TECHNICIAN
NAME AND ADDRESS		NOT TRANSFERABLE	
NELS A NELSON III 606 S THURMOND SHERIDAN WY 82801		STATION PRIVILEGES PRIMARY	
FIXED STATION OPERATION LOCATION		STATION OPERATOR ADDRESS	
SAVE AS MAILING ADDRESS			

Licen's Certification:
er in charge named herein has com-
ements for a radio operator and I
he license required.



officer CAP Serial # _____ Date _____
the station described herein is

(LICENSEE'S SIGNATURE) [Signature]
Unit Duty Assignment _____
Expiration date _____

Signature of Unit Commander [Signature] CAP Serial # _____ Date 9/17/87

FCC FORM 660
JUNE 1986

FEDERAL COMMUNICATIONS COMMISSION

THIS LICENSE IS SUBJECT TO CONDITIONS OF GRANT ON REVERSE SIDE
UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION
GETTYSBURG, PA 17326