## FORM 405 APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

## APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:

Application to renew New Orleans Earth Station License E920639

1. Applicant

Name:

PetroCom License Corporation **Phone Number:** 504–736–9400

**DBA Name:** Fax Number: 504–734–6100

Street: 5901 Earhart Expressway E–Mail: ddaquin@petrocom.com

City: Harahan State: LA

Country: USA Zipcode: 70123 -

**Attention:** Mr Dennis Daquin

2. Contact					
Name:	Russell H. Fox	Phone Number:	202-434-7483		
Compa	Any: Mintz Levin Cohn Ferris Glove and Popeo	sky Fax Number:	202–434–7400		
Street:	701 Pennsylvania Ave., NW	E-Mail:	rfox@mintz.com		
	Suite 900				
City:	Washington	State:	DC		
Count	ry: USA	Zipcode:	20004 –		
Contac Title:	Contact Relations		Legal Counsel		
RENEWAL INF	ORMATION				
3. Rulepart under	which this filing is made Rulepart 25	5			
	ed with this application?				
<del>"</del>			ption (see 47 C.F.R.Section 1.1114).		
Governmental	• •	cational licensee			
Other(please	explain):				
5. Application is for existing license as		mity with the			
(a)File Number SESLIC199209	0100746	(b)Date Issued 1993–05–21	(b)Date Issued 1993–05–21 00:00:00.0		
(c)Call Sign E920639		(d)Location New Orleans	(d)Location New Orleans		

(e)Nature of Service Common Carrier Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)								
(g)Expiration Date 2003–05–21 00:00:00.0	Petition to reinstate:								
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed:									
Items 7(a) and (b) apply to Part 21 licenses only.									
7(a) Has there been removal of equipment or alteration of facilities as to	o render the Station not operational?  Yes  No  N/A								
If YES when:									
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation  Yes  No  N/A								
8. Applicant represents that there has been no change in applicant's orga applicant's relation to the station, or financial responsibility; that applic identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number SES-T/C-20021210-02104 Date 12/10/2002									

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	000	Yes No N/A		
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:				
If NO, Explain briefly why not:				
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e. g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	0	Yes No		
a. 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 a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof. b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.				
11. Designate Appropriate Classification:				
O Individual				
O Unincorporated Association				
O Partnership				
© Corporation				
O Governmental Entity				
Other (please specify)				

## 12. Please supply any need attachments.

1: Waiver	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Dennis Daquin		14. Title of Person Signing Vice President Finance and Administration					
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).							

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