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: E930182 Renewal

1. Applicant

Name: GTECH Corp. **Phone Number:** 401–392–1000 x7803

DBA Name: Fax Number: 401–392–4993

Street: 55 Technology Way E–Mail: helen.santos@gtech.com

City: West Greenwich State: RI

Country: USA Zipcode: 02817 -

Attention: Mrs Helena M Santos

2. Contact							
Name: Company:		Bruce Olcott	Phone Number:		202 626–6615		
		Squire, Sanders & Dempsey LLP	Fax Number:	202 626–6780			
Stı	reet:	1201 Pennsylvania Avenue N.W.	E-Mail:		bolcott@ssd.com		
		P.O. Box 407					
Ci	ty:	Washington	State:		DC		
Co	ountry:	USA	Zipcode:		20044 – 0407		
	ontact tle:	Attorney	Relations	ship:	Legal Counsel		
RENEWAL 1	INEODM	ATION					
3. Kulepart un	ider which	this filing is made Rulepart 25					
4 T C 1	1 1 1 1	11 11 2 0					
		n this application? attach FCC Form 159. If No, in	ndicate reas	on for fee exemp	otion (see 47 C.F.R.Section 1.1114).		
**	ental Entity			_	(
~	ase explair	Y					
<u> </u>		<i>'</i>					
5 Appliantion	ia for many	wood of license in	itla 41	1			
existing licens		ewal of license in exact conformity ried below:					
(a)File Number				(b)Date Issued			
SESMOD2003021300212				2003-05-21 00:00:00.0			
(c)Call Sign					(d)Location		
E930182			various				

(e)Nature of Service International Fixed Satellite Service	(f)Class of Station Fixed Satellite VSAT System (CGV)				
(g)Expiration Date 2003–07–30 00:00:00.0	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed: See Attachment 1	a type of emission or of a transmitter which have been made	de since the last			
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 render the Station not operational?					
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 orgapplicant's relation to the station, or financial responsibility; that applie identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number SESMOD2003021300212 Date 05/21/2003	cants most recent application or report embodying this infor	rmation, as			

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0	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: Renewal of auhtorization for existing VSAT facilities operating in compliance with FCC rules.				
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:				
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 				

12. Please supply any need attachments.

1: Attchmnt 1	2:		3:						
CERTIFICATION									
13. Typed Name of Person Signing Bruce R. Turner		14. Title of Person Signing Chief Executive Officer							
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).									

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0093), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to jboley@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0093.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.