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: Renewal of E940105

1. Applicant

Name: Blue Ridge Public Television, Inc. **Phone Number:** 540–344–0991

DBA Name: Fax Number: 540–344–2148

Street: P.O. Box 13246 E–Mail: rsmith@wbra.org

City: Roanoke State: VA

Country: USA Zipcode: 24032 -

Attention: Ron Smith

2. Contact											
	Name:	Ron Smith	Phone Nu	mber:	540-344-0991						
	Company:	Blue Ridge Public Television, Inc.	Fax Num	ber:	540-344-2148						
	Street:	1215 McNeil Drive	E-Mail:		rsmith@wbra.org						
	City:	Roanoke	State:		VA						
	Country:	USA	Zipcode:		25015 –						
	<u> </u>		Relations	hip:	Engineer						
	Title:										
RENEWAL INFORMATION											
3. Rulepart	3. Rulepart under which this filing is made Rulepart 25										
		n this application?	dicate reas	on for fee exemption ((see 47 C FR Section 1 1114)						
🕶	o If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). O Governmental Entity Noncommercial educational licensee										
~	please explain	~									
		•									
~ ~	ion is for rene	ewal of license in exact conformity fied below:	with the								
(a)File Number SESLIC1993112400275				(b)Date Issued 1994–03–18 00:00:00.0							
(c)Call Sign E940105			(d)Location Roanoke, VA								

(e)Nature of Service	(f)Class of Station					
Domestic Fixed Satellite	Fixed Satellite Transmit/Receive Earth Station (CGX)					
(g)Expiration Date	Petition to reinstate:					
2004-03-18 00:00:00.0						
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	a type of emission or of a transmitter which have been made 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?						
	No					
	O N/A					
If YES when:						
(b) If this is a Multipoint Distribution Service (MDS) station, is there a	ownership interest in control by, affiliation Yes					
with, or leasing arrangement with a cable television company?	O No					
	N/A					
8. Applicant represents that there has been no change in applicant's org applicant's relation to the station, or financial responsibility; that applic identified below, is to be considered as a part of this application, and th here any further exceptions, not already covered in question 6 or 7. File Number Date						

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: No change in facilities since prior renewal.				
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:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Jack K. Neal		14. Title of Person Signing President						
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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