## FORM 312–R 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:

Earth station renewal application for E940445 (Douglas, CO)

1. Applicant

Name: National Digital Television Center, **Phone Number:** 303–486–3836

Inc.

**DBA Name:** Fax Number: 303–267–7150

Street: 4100 East Dry Creek Road E-Mail: Les\_Shutter@cable.comcast.com

City: Littleton State: CO

Country: USA Zipcode: 80122 -

**Attention:** Mrs Westley K Littlejohn

2. Contact					
Name:	Westley Kay Littlejohn	Phone Number:	202-659-9750		
Company:	Cole, Raywid & Braverman, LLP	Fax Number:	202-452-0067		
Street:	1919 Pennsylvania Avenue, N.W.	E-Mail:	wlittlejohn@crblaw.com		
	Suite 200				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20006 –		
Contact Title:	Paralegal	Relationship:	Legal Counsel		
. Is a fee submitted w	ith this application?				
		ndicate reason for f	fee exemption (see 47 C.F.R.Section 1.1114).		
Governmental Ent	ity Noncommercial education	onal licensee			
Other(please expla	iin):				
Application is for rexisting license as spec	•	y with the			
)File Number SESLIC1994072700874			(b)Date Issued 1994–10–07 00:00:00.0		
c)Call Sign E940445					

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2004–10–07 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:	a type of emission or of a transmitter which have been made since t	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 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 there any further exceptions, not already covered in question 6 or 7. File Number Date 08/19/2004	ants most recent application or report embodying this information,	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:				
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 pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	<ul><li>O</li></ul>	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:				
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify)</li> </ul>				

## 12. Please supply any need attachments.

1: Transmit Renewal 2:			3:					
CERTIFICATION								
13. Typed Name of Person Signing Les Shutter		14. Title of Person Signing Manager, Satellite Resources						
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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