## 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: E940400 Renewal Application 2004

1. Applicant

Name: Public Broadcasting Service Phone Number: 703–750–8228

**DBA Name:** Fax Number: 703–750–8230

Street: 6455 Stephenson Way E–Mail: bhull@pbs.org

City: Alexandria State: VA

Country: USA Zipcode: 22312 -

**Attention:** Mr Wilbert H Hull

2. Contact					
Name:	Peter Tannenwald	Phone Number:	202-728-0400		
Compan	y: Irwin, Campbell & Tannenwald, P. C.	Fax Number:	202-728-0354		
Street:	1730 Rhode Island Avenue, N.W.	E-Mail:	ptannenwald@ictpc.com		
	Suite 200				
City:	Washington	State:	DC		
Country	: USA	Zipcode:	20036 – 3101		
Contact Title:			hip:		
1100.					
RENEWAL INFO	RMATION				
3. Rulepart under wl	hich this filing is made Rulepart 25				
	with this application?				
~			xemption (see 47 C.F.R.Section 1.1114).		
• Governmental E					
Other(please exp	plain): Named fee exempt entity t	under 47 C.F.R. Section	1.1114(e)(1)		
5. Application is for existing license as sp	renewal of license in exact conformity pecified below:	with the			
(a)File Number SESMOD199506	0800905	` '	(b)Date Issued 1995–07–21 00:00:00.0		
(c)Call Sign E940400		` '	(d)Location Alexandria, Virginia		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)			
(g)Expiration Date 2004–09–30 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 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 ownership interest in control by, affiliation 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 orga applicant's relation to the station, or financial responsibility; that application 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 SEE ATTACHMENT 2 Date	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: Renewal only – no increase in power or change in antenna				
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: Equipment Changes	2: Organization		3:					
CERTIFICATION								
13. Typed Name of Person Signing Wilbert H. Hull		14. Title of Person Signing Director Satellite Operations						
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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