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: Renewal E940471

1. Applicant

Name: Americom Government Services, **Phone Number:** 609–987–4189

Inc.

DBA Name: Fax Number: 609–987–4411

Street: 2 Research Way E–Mail: david.helfgott@americom–gs.com

City: Princeton State: NJ

Country: USA **Zipcode:** 08549 –

Attention: Jim R Barker

2. Contact					
Name:	James Barker	Phone Number:	609–987–4062		
Company:	SES Americom, Inc.	Fax Number:	609–987–4260 jim.barker@ses–americom.com		
Street:	Four Research Way	E-Mail:			
City:	Princeton	State:	NJ		
Country:	USA	Zipcode:	08540 – 6684		
Contact	Terrestrial Systems Specialist	Relationship:	Same		
3. Rulepart under which	n this filing is made Rulepart 25				
4. Is a fee submitted wi	* *	indicate measur for fee every	antion (see 47 C ED Section 1 1114)		
			nption (see 47 C.F.R.Section 1.1114).		
Other(please expla	•	tronar neensee			
	,				
5. Application is for rer existing license as spec		ity with the			
a)File Number SESMOD2002091901631		` /	(b)Date Issued 2002–11–07 00:00:00.0		
(c)Call Sign E940471		(d)Location Las Cruces,	(d)Location Las Cruces, Dona Ana, NM		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)			
(g)Expiration Date 2004–11–04 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: None	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	o render the Station not operational?	YesNoN/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 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 the here any further exceptions, not already covered in question 6 or 7. File Number FCC FORM 430 FILED Date 04/15/1996	cants most recent application or report embodying this inform	nation, as		

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	○ ◎ ○	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: Earth Station COmplies with 47CFR 1.1307 (A) and (B)				
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				
Governmental Entity				
Other (please specify)				

12. Please supply any need attachments.

1: RdhzWTS.doc	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Nancy J. Eskenazi		14. Title of Person Signing Vice President and Associate General Counsel					
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