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 of Fixed C-Band Earth Station License E9042

1. Applicant

Name: Ohio Educational

Phone Number:

614-644-3085

Telecommunications Network

Commission

DBA Name:

Fax Number:

614-644-3112

Street: 2470 North Star Road

E-Mail:

stevenson@oet.state.oh.us

City:

Columbus

USA

State:

Zipcode:

OH 43221

3405

Attention:

Country:

Craig Stevenson

2. Contact					
Name:	Craig Stevenson	Phone Number:	614-644-3085		
Company	Commission Ohio Educational Telecommunications Network Commission	Fax Number:	614–644–3112		
Street:	2470 North Star Road	E–Mail:			
City:	Columbus	State:	ОН		
Country:	USA	Zipcode:	43221 – 3405		
Attention	Attention: Rel		Relationship:		
RENEWAL INFOR	RMATION				
3. Rulepart under wh	ich this filing is made Rulepart 25				
4. Is a fee submitted	* *	• 1• 4			
T ~	·		emption (see 47 C.F.R.Section 1.1114).		
Governmental En	T	ionai ncensee			
Other(please exp	iam):				
		,			
5. Application is for rexisting license as spe		ity with the			
(a)File Number SESRWL1995051	700989	1 2 7	(b)Date Issued 1995–10–27 00:00:00.0		
(c)Call Sign		(d)Location			
E9042		Columbus	Columbus, Franklin, OH		

(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)			
(g)Expiration Date 2005–07–29 00:00:00.0	Petition to reinstate:			
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed: Emission designators should be revised from 36000F9 to 36M0F8W	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 county 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 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 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?		Yes No				
	Ŏ	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 impacting the environment made during the current term						
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).	_	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						
Unincorporated Association						
O Partnership						
○ Corporation						
Governmental Entity						
Other (please specify) Educational Entity						

12. Please supply any need attachments.

1: Exhibit A	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Craig Stevenson		14. Title of Person Signing Director of Network Engineering					
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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