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:

1. Applicant					
	Name:	Phone Number:			
	DBA Name:	Fax Number:			
	Street:	E-Mail:			
	City:	State:			
	Country:	Zipcode: –			
	Attention:				

2. Contact					
Name:	Phone Number:	hone Number:			
Company:	Fax Number:	Fax Number: E-Mail:			
Street:	E–Mail:				
City:	State:	e:			
Country:	Zipcode: –	ocode: –			
Attention:	Relationship:	onship:			
RENEWAL INFORMATION					
3. Rulepart under which this filing is made					
 4. Is a fee submitted with this application? If Yes, complete and attach FCC Form 159. Governmental Entity Noncommercia Other(please explain): 	If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). l educational licensee				
5. Application is for renewal of license in exact c existing license as specified below:	conformity with the				
(a)File Number	(b)Date Issued				
(c)Call Sign	(d)Location				
(e)Nature of Service	(f)Class of Station	(f)Class of Station			

(g)Expiration Date	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 h	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	O Yes O No O 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	eants most recent application or report embod	lying 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? If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:	000	Yes No N/A		
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 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:				
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 				

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing		14. Title of Person Signing					
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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