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 Domestic Fixed Satellite Service License

1. Applicant

Purdue University – ITaP/BNS

Phone Number:

765-494-1042

DBA Name:

Name:

Fax Number:

Street: 128 Memorial Mall E-Mail:

jsdietrich@purdue.edu

City:

West Lafayette

State:

IN

Country:

USA

Zipcode:

47907

2034

Attention:

John S Dietrich

| 2. Contact | | | | | | |
|--|--|-------------------------------------|---------------------------------------|--|--|--|
| Name | : Purdue University – ITaP/ | BNS Phone Number: | 765–494–1042 | | | |
| Comp | any: | Fax Number: | | | | |
| Street | : 128 Memorial Mall | E–Mail: | jsdietrich@purdue.edu | | | |
| City: | West Lafayette | State: | IN | | | |
| Coun | try: USA | Zipcode: | 47907 – 2034 | | | |
| Atten | tion: John S Dietrich | Relationship: | Engineer | | | |
| RENEWAL INI | FORMATION | | | | | |
| 3. Rulepart under | which this filing is made Rulepa | art 25 | | | | |
| | | | | | | |
| | ed with this application? ete and attach FCC Form 159. | If No, indicate reason for fee exem | aption (see 47 C.F.R.Section 1.1114). | | | |
| Governmental Entity Noncommercial educational licensee | | | | | | |

| 5. Application is for renewal of license in exact conformity with the existing license as specified below: | | |
|--|--|--|
| (a)File Number SESRWL1996071600832 | (b)Date Issued 1996–07–25 00:00:00.0 | |
| (c)Call Sign E8445 | (d)Location West Lafayette, Tipacame, IN | |
| (e)Nature of Service Domestic Fixed Satellite Service | (f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX) | |

Other(please explain):

| (g)Expiration Date 2006–08–15 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: n/a | a type of emission or of a transmitter which have been made since the | ne 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 orgapplicant's relation to the station, or financial responsibility; that applicate 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 SES-RWL-19960716-00832Date 07/25/1996 | ants most recent application or report embodying this information, a | ıs | | | |

| 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: | | | | |
| O Individual | | | | |
| O Unincorporated Association O Partnership | | | | |
| O Corporation | | | | |
| Governmental Entity | | | | |
| Other (please specify) | | | | |

12. Please supply any need attachments.

| 1: | 2: | | 3: | | | | |
|---|----|--|----|--|--|--|--|
| CERTIFICATION | | | | | | | |
| 13. Typed Name of Person Signing John S. Dietrich | | 14. Title of Person Signing Chief Video Engineer | | | | | |
| 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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