## 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 E960490 – AGS Belvoir

1. Applicant

Name: Americom Government Services, **Phone Number:** 609–987–4062

Inc.

**DBA Name:** Fax Number: 609–987–4260

Street: 2 Research Way E-Mail: jim.barker@ses-americom.com

City: Princeton State: NJ

**Country:** USA **Zipcode:** 08549 -

**Attention:** James R Barker

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Name: Jim Barker Phone Number: 609–987–4062

Company: SES Americom, Inc. Fax Number: 609–987–4260

Street: Four Research Way E-Mail: jim.barker@ses-americom.com

City: Princeton State: NJ

**Country:** USA **Zipcode:** 08540 - 6684

Attention: Terrestrial Operations Specialist Relationship: Same

### RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

## 4. Is a fee submitted with this application?

- O Governmental Entity Noncommercial educational licensee
- Other(please explain):

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number SESLIC1996073100734	(b)Date Issued 1996–10–18 00:00:00.0
(c)Call Sign E960490	(d)Location Fort Belvoir, VA
(e)Nature of Service Dom. and Int'l Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2006–10–18 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:  None	type of emission or of a transmitter which have been made since the las
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?  Yes  No  N/A
If YES when:	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a c 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 SESASG2002081901397 Date 09/13/2002	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?	000	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 (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			
O Governmental Entity			
Other (please specify)			

#### 12. Please supply any need attachments.

1: Rdh96490	2:		3:		
CERTIFICATION					
13. Typed Name of Person Signing Nancy J. Eskenazi		14. Title of Person Signing Vice Presidfent and Associate General Counsel			
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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