FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

$APPLICANT\ INFO\overline{RMATION} \textbf{Enter a description of this application to identify it on the main menu:}$

Renewal of E/S authorization call sign E980149

1. Applicant

Name: Telesat Network Services, Inc.

Phone Number:

Fax Number:

908–470–2350 908–470–2453

Street:

DBA Name:

500 Hills Drive

E-Mail:

gwazeter@telesat.com

City:

Bedminster

State:

NJ

Country:

USA

Zipcode:

07921

1538

Attention:

Mr George F Wazeter

2. Contact				
Name:	George Wazeter	Phone Number:	908-470-2350	

Company: Telesat Fax Number: 908–470–2350

Street: 500 Hills Drive E–Mail: gwazeter@telesat.com

City: Bedminster State: NJ

Country: USA Zipcode: 07921 -

Attention: Relationship: Same

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

1	Ic a	faa	cubmitted	with	thic	application?
4.	is a	ree	submitted	with	unis	application?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
- 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	(b)Date Issued
SESMOD2007110101496	2008–06–30 00:00:00.0
(c)Call Sign	(d)Location
E980149	Mt. Jackson, VA
(e)Nature of Service SCPC TDMA	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

g)Expiration Date 2008–07–24 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 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? Yes No N/A	
If YES when:		
(b) If this is a Multipoint Distribution Service (MDS) station, is there a o 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 organ 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 SESMOD20071101–01496 Date 06/30/2008	nts most recent application or report embodying this information, as	

9. Would a Commision 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:		
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 pusuant 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:		
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 		

12. Please supply any need attachments.

1: E980149 renewal letr	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing George F. Wazeter		14. Title of Person Signing Dirrector, Regulatory affairs		
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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