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: Lompoc, CA – Renewal

1. Applicant				
Name:	Associated Press	Phone Number:	816-654-1000	
DBA Nam	ne:	Fax Number:	816-654-1035	
Street:	215 W. Pershing Rd	E-Mail:	ojbrown@ap.org	
	Suite 221			
City:	Kansas City	State:	МО	
Country:	USA	Zipcode:	64108 –	
Attention	: Oleta J Brown			

ntact			
Name:	Oleta Brown	Phone Number:	816-654-1000
Company:	Associated Press	Fax Number:	816-654-1035
Street:	215 W. Pershing Rd	E-Mail:	ojbrown@ap.org
City:	Kansas City	State:	МО
Country:	USA	Zipcode:	64108 –
Attention:		Relationship:	Other

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this 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
SESRWL1998121501911	1999–02–17 00:00:00.0
(c)Call Sign	(d)Location
E880847	Lompoc, CA
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite Service	Receive Only Earth Station (CGO)

(g)Expiration Date 2009–02–17 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 designation (under revised rule)	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:	Ť			
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A 			
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7. File Number 2182–DSE–L–80 Date 01/25/1991				

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:		
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).	@ 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

• Unincorporated Association

O Partnership

O Corporation

• Governmental Entity

• Other (please specify) Officer of Applicant's Association

12. Please supply any need attachments.

1:	2:		3:
CERTIFICATION			
13. Typed Name of Person Signing Oleta Brown14. Title of Person Signing N/A			
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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