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

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

Renewal -- E890598

1. Applicant

NBC Telemundo License Co.

Phone Number:

202-637-4262

DBA Name:

Fax Number:

202-637-4548

Street:

Name:

1299 Pennsylvania Avenue, NW

E-Mail:

margaret.tobey@nbcuni.com

City:

Washington

State:

DC

Country:

USA

Zipcode:

20004

Attention:

Margaret L. Tobey

2. Contact					
Name:	Name: NBC Telemundo License Co.		202-637-4262		
Company	:	Fax Number:	202-637-4548		
Street:	1299 Pennsylvania Avenue, NW 9th Floor	E-Mail:	margaret.tobey@nbcuni.com		
City:	City: Washington		DC		
Country:	USA	Zipcode:	20004 –		
Attention	:	Relationship:			
Governmental En	and attach FCC Form 159. If No, in tity Noncommercial education		r fee exemption (see 47 C.F.R.Section 1.1114).		
Other(please expl	lain):				
5. Application is for reexisting license as spe		ty with the			
(a)File Number SESRWL1999052701022		` '	(b)Date Issued 1999–08–02 00:00:00.0		
(c)Call Sign E890598			(d)Location San Antonio, TX		

(f)Class of Station Receive Only Earth Station (CGO)

(e)Nature of Service

Domestic Fixed Satellite Service

Petition to reinstate:	
type of emission or of a transmitter which have been made since the	last
render the Station not operational? Yes No N/A	
ownership interest in control by, affiliation Yes No N/A	
ants most recent application or report embodying this information, as	ıe
	a type of emission or of a transmitter which have been made since the render the Station not operational? Yes No N/A ownership interest in control by, affiliation Yes No

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:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Margaret L. Tobey		14. Title of Person Signing Assistant Secretary						
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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