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

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

E990189 License Renewal for Transportable Transmit–Receive

1. Applicant

Name: NVT Portland Licensee, LLC

**Phone Number:** 

404-995-4711

**DBA Name:** 

Fax Number:

**Street:** 3500 Lenox Road

E-Mail:

Suite 650

City: Atlanta

State:

GA

**Country:** 

USA

Zipcode:

30326

**Attention:** 

Gregory L Masters Esq.

Contact				
Name:	Gregory L. Masters, Esq.	Phone Number:	202-719-7370	
Company:	Wiley Rein LLP	Fax Number:	202-719-7049	
Street:	1776 K Street, N.W.	E–Mail:	gmasters@wileyrein.com	
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20006 –	
Attention:		Relationship:	Legal Counsel	
Rulepart under which	this filing is made Rulepart 2	5		
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s a fee submitted with If Yes, complete and		o, indicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).	
Governmental Entit			·	
Other(please explai				
Application is for rensting license as speci		rmity with the		
Ela Number				

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC1999041300741	1999–07–20 00:00:00.0
(c)Call Sign	(d)Location
E990189	Various
(e)Nature of Service Domestic Fixed	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2009–07–20 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:	a 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	o render the Station not operational?  O Yes  No  N/A
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 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 SES-T/C-2007112701623 Date 12/12/2007	

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).	<ul><li></li><li></li><li></li></ul>	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				
Other (please specify) Limited Liability Company				

## 12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Jason Elkin		14. Title of Person Signing Chairman & CEO					
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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