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: Blanket Handset License Renewal

1. Applicant

Name: GUSA Licensee LLC Phone Number: 408–933–4525

DBA Name: Fax Number: 408–933–4960

Street: 461 S. Milpitas Boulevard E–Mail: tony.navarra@globalstar.com

City: Milpitas State: CA

Country: USA Zipcode: 95035 -

Attention: Mr Anthony J Navarra

Contact				
Name:	Mike Kozlowski	Phone Number:	408-933-4456	
Company:	Globalstar, Inc.	Fax Number:	408–933–4994 mike.kozlowski@globalstar.com	
Street:	461 S. Milpitas Blvd.	E–Mail:		
City:	Milpitas	State:	CA	
Country:	USA	Zipcode:	95035 – 5438	
Attention:		Relationship:	Engineer	
Governmental Enti	d attach FCC Form 159. If ty Noncommercial ed		ption (see 47 C.F.R.Section 1.1114).	
Other(please expla	in):			
Application is for readisting license as spec		formity with the		
)File Number SESMOD200709210	File Number SESMOD2007092101309		(b)Date Issued 2008–06–30 00:00:00.0	
c)Call Sign E970381		(d)Location US, US poss	essions & territorial waters	

(e)Nature of Service Mobile Satellite Service	(f)Class of Station Mobile Satellite Earth Stations (CGB)		
(g)Expiration Date 2009–10–04 00:00:00.0	Petition to reinstate:		
6. Note any changes such as discontinuance of use of a frequency, or application covering this station was filed: Emission designator 1M23G7W should be corrected to 1M23G1W w 1M23G7W emission designator	of a type of emission or of a transmitter which have been made since the herever cited, except for Aviation 2 and MCM-4 units which use the	e 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	s 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 ownership interest in control by, affiliation with, or leasing arrangement with a cable television company? No			
	O 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 SES-ASG-20060724-01238 Date 07/24/2006						
9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental	^	Yes				
impact?		No				
	0	N/A				
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:						
If NO, Explain briefly why not: Radiation Hazard Analyses attached to original license application and subsequent modifications demonstrate no significant environmental impact						
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:						

O Individual								
Unincorporated Association								
• Partnership								
• Corporation								
O Governmental Entity								
Other (please specify) Limited Liability Company								
12. Please supply any need attachments.								
1: 2:		3:						
CERTIFICATION								
13. Typed Name of Person Signing William F. Adler	1	14. Title of Person Signing Vice President – Legal & 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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