## 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: E990100 Renewal

1. Applicant

Name: Alaska Public **Phone Number:** 

907-550-8400

Telecommunications, Inc. **DBA Name:** 

3877 University Drive

E-Mail:

Fax Number:

larrya@kakm.org

City:

**Street:** 

Anchorage

State:

ΑK

**Country:** 

USA

Zipcode:

99508

**Attention:** 

Mr Larry Anderson

2. Contact					
Name:	Barry Persh	Phone Number:	(202)776–2000		
Company:	Dow Lohnes PLLC	Fax Number:	(202)776–2222		
Street:	1200 New Hampshire Avenue NW	E-Mail:	bpersh@dowlohnes.com		
	Suite 800				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20036 –		
<b>Attention:</b>		Relationship:	Legal Counsel		
RENEWAL INFORM	IATION				
3. Rulepart under which					
•					
4. Is a fee submitted wit	h this application?				
If Yes, complete and	d attach FCC Form 159. If No, inc	dicate reason for fee	exemption (see 47 C.F.R.Section 1.1114).		
Governmental Entit	•	nal licensee			
Other(please explai	n):				
5. Application is for ren existing license as speci		with the			
(a)File Number SESMOD2007052500725		\ /	(b)Date Issued 1999–10–06 00:00:00.0		
(c)Call Sign E990100		` '	(d)Location Anchorage, AK		
(e)Nature of Service		1 1 /	(f)Class of Station		
Domestic Fixed Satellite Service			Fixed Satellite Transmit/Receive Earth Station (CGX)		

(g)Expiration Date 2009–10–06 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	ast
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?  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 org applicant's relation to the station, or financial responsibility; that applic 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 BOA20080926AFB  Date 09/26/2008	ants most recent application or report embodying this information, as	e

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?  If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:  If NO, Explain briefly why not: Renewal Only	<b>○</b> ○ ●	Yes No N/A
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).  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.		Yes No
11. Designate Appropriate Classification:		
<ul> <li>Individual</li> <li>Unincorporated Association</li> <li>Partnership</li> <li>Corporation</li> <li>Governmental Entity</li> <li>Other (please specify)</li> </ul>		

## 12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Larry Anderson		14. Title of Person Signing Broadcast Engineer						
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).								

## FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–1066), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–1066.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.