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: E891012 Renewal

1. Applica	nt			
	Name:	WCVB Hearst–Argyle Television, Inc.	Phone Number:	919-839-0300
	DBA Name:		Fax Number:	919-839-0304
	Street:	P.O. Box 1800	E-Mail:	mprak@brookspierce.com
	City:	Raleigh	State:	NC
	Country:	USA	Zipcode:	27602 –
	Attention:	Mark J Prak		

2. Contact					
	Name:	Mark J. Prak	Phone Number:	919-839-0300	
	Company:	Brooks, Pierce, et. al.	Fax Number:	919-839-0304	
	Street:	P.O. Box 1800	E-Mail:	mprak@brookspierce.com	
	City:	Raleigh	State:	NC	
	Country:	USA	Zipcode:	27602 –	
	Attention:	Mark J. Prak	Relationship:	Legal Counsel	

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
SESMOD2002012200046	2002–03–05 00:00:00.0
(c)Call Sign	(d)Location
E891012	5 TV Place Needham, Norfolk, MA 02494
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite Service	Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2009–11–09 00:00:00.0	Petition to reinstate:	
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the application covering this station was filed: Licensee requests change in status from Common Carrier to Non–Common Carrier. Licensee has ceased to use the analog components of the facility and wishes to retain authorization only for the digital emission system.		

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:		
(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 applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodidentified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number SES-T/C-20090519-00614Date 06/04/2009	dying this information, as	ıe

 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: Applicant's earth station complies with the radiofrequency radiation limits in 47 C.F.R. 1.1310 and does not otherwise significantly affect the environment. The instant application is for renewal of license for an existing facility. 	0 0	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 pursuant 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.	● 0	Yes No	

11. Designate Appropriate Classification:

O Individual				
• Unincorporated Association				
• Partnership				
• Corporation	Corporation			
• Governmental Entity				
• Other (please specify)	O Other (please specify)			
12. Please supply any need attachments.				
1: 2:			3:	
CERTIFICATION				
13. Typed Name of Person Signing Jonathan C. Mintzer		14. Title of Person Signing 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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