## 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: January 2010 Renewal of E990451

1. Applicant

Name: Texas, State of (Dept of Public Phone Number: 512–424–2049
Safety)

**DBA Name: Fax Number:** 512–424–5762

Street: P. O. Box 4087 E-Mail: Daniel.Stang@txdps.state.tx.us

City: Austin State: TX

**Country:** USA **Zipcode:** 78773 – 0254

**Attention:** 

. Contact					
Name:	Trevor D. Belcher	Phone Number:	512-424-5825		
Company:	Texas Department of Public Safety	Fax Number:	512-424-2282		
Street:	5805 North Lamar Blvd.	E-Mail:	Trevor.Belcher@txdps.state.tx.us		
	Mail Stop 0215				
City:	Austin	State:	TX		
Country:	USA	Zipcode:	78752 –		
Attention:	Trevor D. Belcher	Relationship:	Other		
. Rulepart under which	this filing is made Rulepart 25				
Is a fee submitted wit If Yes, complete and Governmental Entit	d attach FCC Form 159. If No, in		ption (see 47 C.F.R.Section 1.1114).		
Other(please explain	<del></del>				
	1.01				
5. Application is for renexisting license as speci		with the			
(a)File Number SESMOD200705240	0720	(b)Date Issued	(b)Date Issued 2007–07–16 00:00:00.0		

(d)Location Austin, Travis, TX

(c)Call Sign

E990451

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite VSAT System (CGV)					
(g)Expiration Date 2010–02–17 00:00:00.0	Petition to reinstate:	Petition to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed: None	a type of emission or of a transmitter which have be	en made sir	nce 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 render the Station not operational?  Ye						
If YES when:		<b>○</b>	No N/A			
(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?						
8. Applicant represents that there has been no change in applicant's orgapplicant's relation to the station, or financial responsibility; that applicate identified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number SES-LIC-19990825-01875Date 02/17/2000	cants most recent application or report embodying th	is informati	on, as			

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:	000	Yes No N/A			
If NO, Explain briefly why not: Applicant seeks renewal of license with no change in authorized operations.					
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).	0	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  Compared Facility					
Governmental Entity  Other (places energy)					
Other (please specify)					

## 12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Trevor D. Belcher		14. Title of Person Signing Satellite Network Specialist					
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.