## 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: SILVER SPRING, MD

1. Applicant

Name: DynCorp Information Systems **Phone Number:** 703–818–4683

LLC

**DBA Name:** Fax Number: 703–818–4723

Street: 15000 Conference Center Dr. E–Mail: greed6@csc.com

City: Chantilly State: VA

Country: USA Zipcode: 20151 -

**Attention:** Gerald Reed

Company: Street: 15000 Conf City: Chantilly Country: USA	formation Systems	Phone Number:	703-818-4683		
City: Chantilly Country: USA Attention: Gerald Reco	formation Systems	Phone Number:	703-818-4683		
Street: 15000 Conf  City: Chantilly  Country: USA  Attention: Gerald Reec					
City: Chantilly Country: USA Attention: Gerald Reco		Fax Number:	703-818-4723		
Country: USA  Attention: Gerald Reed	erence Center Dr.	E-Mail:	greed6@csc.com		
Attention: Gerald Reed		State:	VA		
		Zipcode:	20151 –		
ENEWAL INFORMATION	ttention: Gerald Reed Relationship:		Engineer		
Is a fee submitted with this applicat	ion?				
Is a fee submitted with this applicat					
If Yes, complete and attach FCC If Governmental Entity	oncommercial education		exemption (see 47 C.F.R.Section 1.1114).		
Governmental Entity  Other(please explain):	medimercial education	mai ncensee			
· ····································					
Application is for renewal of license as specified below:	e in exact conformity	y with the			
)File Number SESLIC2000010700023		1 ' '	(b)Date Issued 2000–03–30 00:00:00.0		
Call Sign E000027		2500 0	J-30 00.00.00.0		

(e)Nature of Service Digital Data	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)					
Expiration Date 2010–03–30 00:00:00.00						
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:  N/A	a type of emission or of a transmitter which have been made since	ce 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?	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 Date	ants most recent application or report embodying this information	on, as				

9. Would a Commision 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).	<b>⊗</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:						
<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 Gerald Reed		14. Title of Person Signing Principal Member Technical Staff					
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