## FORM 312–R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

## $APPLICANT\ INFORMATION \textbf{Enter a description of this application to identify it on the main menu:}$

License renewal E873435

Name:

1. Applicant

MOBIL OIL TELCOM LIMITED **Phone Number:** 713–431–4134

**DBA Name:** Fax Number: 713–431–6036

Street: GSC-GW3-366B E-Mail: mary.c.weichel@exxonmobil.com

P O BOX 4934

City: Houston State: TX

**Country:** USA **Zipcode:** 77210 – 4934

**Attention:** Mary Carol Weichel

2. Contact					
Name:	Mary Carol Weichel	Phone Number:	713–431–4134		
Company:	MOBIL OIL TELCOM LIMITED	Fax Number:	713–431–6036		
Street:	GSC-GW3-366B	E-Mail:	mary.c.weichel@exxonmobil.com		
	P O BOX 4934				
City:	Houston	State:	TX		
Country:	USA	Zipcode:	77210 – 4934		
<b>Attention:</b>	Mary Carol Weichel	Relationship:	Same		
. Rulepart under which	this filing is made Rulepart 25				
. Is a fee submitted wit		dicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).		
Governmental Entit Other(please explain	<b>T</b>	nal licensee			
6. Application is for renexisting license as speci	•	with the			
a)File Number SESRWL2000100201	1856	(b)Date Issued 2000–10–17	(b)Date Issued 2000–10–17 00:00:00.0		

(d)Location

CONUS

(c)Call Sign

E873435

(e)Nature of Service International F	(f)Class of Station  Fixed Satallite Transmit Reserve Forth Station (CCV)				
	Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2010–10–05 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 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	o render the Station not operational? Yes				
	No				
	O N/A				
If YES when:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a	ownership interest in control by, affiliation Yes				
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 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 Date					

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 MARY CAROL WEICHEL		14. Title of Person Signing REGULATORY 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).								

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