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: renewal

1. Applicant

Name: State University College at

Oneonta New York

Phone Number:

607-436-2507

Fax Number:

607-436-3284

Street: MOC Building

E-Mail:

kafarsre@oneonta.edu

West Street

City: Oneonta

State:

NY

Country:

DBA Name:

USA

Zipcode:

13820

Attention: Mr

Mr Robert E Kafarski

2. Contact										
Name:	State University College at Oneonta New York	Phone Nun	ber: 607–436–2507							
Company:	College at Oneonta	Fax Number	r: 607–436–3284							
Street:	MOC Building	E-Mail:	kafarsre@oneonta.edu							
	West Street									
City:	Oneonta	State:	NY							
Country:	USA	Zipcode:	13820 –							
Attention:	Robert Kafarski	Relationshi	Engineer							
RENEWAL INFORM	RENEWAL INFORMATION									
3. Rulepart under which this filing is made Rulepart 25										
4. Is a fee submitted wit	* *		for for around on (see AT CED Section 1 1114)							
-			for fee exemption (see 47 C.F.R.Section 1.1114).							
Governmental Entit		ational licensee								
Other(please explai	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							
SESLIC2000120802342			2001-02-14 00:00:00.0							
(c)Call Sign		((d)Location							
E000730			various							

(e)Nature of Service domestic fixed satelite service	(f)Class of Station Mobile Satellite Earth Stations (CGB)			
(g)Expiration Date 2011–02–14 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: none	a type of emission or of a transmitter which have been made since the la			
Items 7(a) and (b) apply to Part 21 licenses only. 7(a) Has there been removal of equipment or alteration of facilities as t	o render the Station not operational? Yes No N/A			
If YES when:	O IVA			
(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 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				

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	○ ◎ ○	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: mobile service				
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).	○	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				
Unincorporated Association				
O Partnership				
O Corporation				
Governmental Entity				
Other (please specify)				

12. Please supply any need attachments.

1:	2:		3:			
CERTIFICATION						
13. Typed Name of Person Signing Robert Kafarski		14. Title of Person Signing Chief Enginer				
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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