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 of License for Earth Station E030227

1. Applicant

Name: Dillingham City School District

Phone Number:

907-842-5223

DBA Name:

Fax Number:

907-842-5634

Street:

135 Main Street

E-Mail:

Zipcode:

sam@kdlg.org

PO Box 170

City:

Dillingham

State:

AK

99576

Country:

USA

Attention: Sam Gardner

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,	Or.	itact

Name: Lawrence M. Miller Phone Number: 2022982534

Company: Garvery Schubert Barer **Fax Number:** 202–965–1729

Street: 1000 Potomac Street, NW E–Mail: lmiller@gsblaw.com

Suite 200

City: Washington State: DC

Country: USA **Zipcode:** 20007 - 3501

Attention: Lawrence M. Miller **Relationship:** Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4.	Is a	fee	submitted	with	this	application?
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- 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 SESREG2003101401401	(b)Date Issued 2003–12–02 00:00:00.0
(c)Call Sign E030227	(d)Location 565 Seward Street KDLG–AM Dillingham Dil
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)

(g)Expiration Date 2018–10–14 00:00:00.0	Petition to reinstate:
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:	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	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 owith, 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 orga applicant's relation to the station, or financial responsibility; that applicate 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, 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: If NO, Explain briefly why not: Receive only Earth Station	000	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 pusuant 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.	●○	Yes No
11. Designate Appropriate Classification:		
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) 		

12. Please supply any need attachments.

1:	2:		3:
CERTIFICATION			
13. Typed Name of Person Signing Sam Gardner 14. Title of Person Signing General Manager			ing
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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