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: Earth Station E030186 Renewal

1. Applicant

Name:

Clark Atlanta University **Phone Number:** 404–880–8274

DBA Name: Fax Number: 404–880–8275

Street: 111 James P Brawley Dr SW E–Mail: wwilliams@cau.edu

City: Atlanta State: GA

Country: USA Zipcode: 30314 -

Attention: Wendy Williams

2. C	Contact				
	Name:	Steven Schaffer	Phone Number:	202-965-7880	
	Company:	Garvey Schubert Barer	Fax Number:	202-965-1729	
	Street:	1000 Potomac St. NW	E-Mail:	sschaffer@gsblaw.com	
		Suite 200			
	City:	Washington	State:	DC	

20007

Legal Counsel

Zipcode:

Relationship:

RENEWAL INFORMATION

Country:

Attention:

3. Rulepart under which this filing is made Rulepart 25

USA

Steven Schaffer

4. I	s a fee submitted with this application?	
0	If Yes, complete and attach FCC Form 159.	If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
0	Governmental Entity Noncommercia	al educational licensee
0	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
SESREG2003082901191	2003–10–15 00:00:00.0
(c)Call Sign	(d)Location
E030186	111 James P. Brawley Dr. SW Atlanta, GA
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)

(g)Expiration Date 2018–08–29 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 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 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 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: Receive only Earth Station		
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).		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		
Governmental Entity		
Other (please specify) Noncommercial Radio Licensee		

12. Please supply any need attachments.

1:	2:		3:		
CERTIFICATION					
13. Typed Name of Person Signing Wendy Williams		14. Title of Person Signing General Manager			
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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