## 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 E040021

1. Applicant

Name: North Carolina Central University **Phone Number:** 919–530–7267

**DBA Name: Fax Number:** 919–530–5031

Street: 1801 Fayetteville Street E–Mail: lsykes@nccu.edu

PO Box 19875

City: Durham State: NC

Country: USA Zipcode: 27707 -

**Attention:** Ms Lackisha Sykes

2. Contact					
Name:	Stephen Hartzell	Phone Number:	9198390300		
Company:	Brooks, Pierce et al.	Fax Number:	9198390304		
Street:	150 Fayetteville Street	E-Mail:	shartzell@brookspierce.com		
	Suite 1700		-		
City:	Raleigh	State:	NC		
Country:	USA	Zipcode:	27601 –		
Attention:	Stephen Hartzell	Relationship:	Legal Counsel		
	d attach FCC Form 159. If		aption (see 47 C.F.R.Section 1.1114).		
Other(please explain	. •	ucational licensee			
5. Application is for rer existing license as spec		formity with the			
(a)File Number SESREG2004010800018		` '	(b)Date Issued 2004–02–18 00:00:00.0		
(c)Call Sign E040021		(d)Location Durham, NO	(d)Location Durham, NC		

(f)Class of Station Receive Only Earth Station (CGO)

(e)Nature of Service

Domestic Fixed Satellite

(g)Expiration Date 2019–01–08 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 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 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 th here any further exceptions, not already covered in question 6 or 7. File Number 0000042265  Date 02/15/2018	

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0 ⊛ 0	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: Applicant's earth station complies with the radiofrequency radiation limits in 47 C.F.R. 1.1310 and does not otherwise significantly affect the environment. The instant application is for renewal of the license of an existing facility.		
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:

	ndividual							
_	Unincorporated Association							
O P	Partnership							
0	Corporation							
0	Governmental Entity							
Other (please specify) Non-Commercial Educational Licensee								
12. Please supply any need attachments.								
1:		2:		3:				
CERTIFICATION								
13. Typed Name of Person Signing Johnson O. Akinleye			14. Title of Person Signing Chancellor					
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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