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 Call Sign E940064

1. Applicant

Name: Southern California Edison

Phone Number:

626-308-6942

Company

DBA Name:

Fax Number:

626-543-6472

Street: 501 S. Marengo Ave.

E-Mail:

Dan.Sias@sce.com

Rm. 104, Bldg. M

City: Alhambra

State:

CA

Country:

USA

Zipcode:

91803

Attention: M

Mr Daniel Sias

2. Contact					
Name:	Mr Daniel Sias	Phone Num	nber: 626–308–6942		
Company:	Southern California Edison Company	Fax Number	er:		
Street:	501 S. Marengo Ave	E-Mail:	Dan.Sias@sce.com		
	Rm. 104, Bldg. M				
City:	Alhambra	State:	CA		
Country:	USA	Zipcode:	91803 –		
Attention:		Relationship	ip:		
RENEWAL INFORM	IATION				
3. Rulepart under which	n this filing is made Rulepart 25				
4. Is a fee submitted wit		• 1• 4	6 6 4 4 AT CED C 4 4 114 A		
T			n for fee exemption (see 47 C.F.R.Section 1.1114).		
Governmental Entit	•	ational licensee			
Other(please explai	n):				
5. Application is for renewal of license in exact conformity with the existing license as specified below:					
(a)File Number SESRWL2004010700016			(b)Date Issued 2004–01–12 00:00:00.0		
(c)Call Sign		(6	(d)Location		
E940064			Rosemead		

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite VSAT System (CGV)					
(g)Expiration Date 2019–01–07 00:00:00.0	Petition to reinstate:	tion to reinstate:				
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed:	f a type of emission or of a transmitter which have been n	nade sir	nce 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?						
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 orgapplicant's relation to the station, or financial responsibility; that application dentified below, is to be considered as a part of this application, and there any further exceptions, not already covered in question 6 or 7. File Number SES–RWL–20040107–00016Date 10/20/2018	cants most recent application or report embodying this in	formati	on, as			

9. Would a Commission 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 pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	0	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				
O Governmental Entity				
Other (please specify)				

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Daniel Sias		14. Title of Person Signing Senior Engineer					
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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