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 Application for E040142

1. Applicant						
	Name:	Connecticut Public Broadcasting Inc	Phone Number:	(860) 278–5310		
	DBA Name:		Fax Number:			
	Street:	1049 Asylum Avenue	E-Mail:	msakellarides@cpbn.org		
	City:	Hartford	State:	СТ		
	Country:	USA	Zipcode:	06105 – 2411		
	Attention:	Meg Sakellarides				

2. Contact Name: Steven C. Schaffer **Phone Number:** (202) 298-2535 Garvey Schubert Barer, P.C. Fax Number: (202) 965-1729 **Company:** Street: 1000 Potomac Street, N.W. E-Mail: sschaffer@gsblaw.com Suite 200 City: Washington DC State: **Country:** USA Zipcode: 20007 Attention: Steven C. Schaffer **Relationship:** Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this application?
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

0	Other(please	explain):
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5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESREG2004031200369	2004–04–27 00:00:00.0
(c)Call Sign	(d)Location
E040142	HARTFORD, CT
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite Service	Receive Only Earth Station (CGO)

(g)Expiration Date 2019–03–12 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:	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 render the Station not operational?		000	Yes No N/A
If YES when:			
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A 		
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer applicant's relation to the station, or financial responsibility; that applicants most recent application or report embo identified below, is to be considered as a part of this application, and the truth of the statements therein contained is here any further exceptions, not already covered in question 6 or 7. File Number SES–REG–20040312–00369 Date 04/27/2004	dying this inform	matic	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: 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	@ 0	Yes No
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.		
11. Designate Appropriate Classification:		

- O Individual
- Unincorporated Association
- Partnership
- Corporation
- Governmental Entity
- O Other (please specify)

12. Please supply any need attachments.

1: 2:			3:
CERTIFICATION			
13. Typed Name of Person Signing Meg Sakellarides14. Title of Person Signing Chief Financial Officer			
WILLFUL FALSE STATEMENTS M (U.S. Code, Title 18, Secti (U.S. Code, Title 47, Sect	on1001), AND/OR REV	OCATION OF ANY STA	

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