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 Receive Only Registration E060409

1. Applicant

Name: WUNC Public Radio, LLC

Phone Number: 9194459146

DBA Name:

Fax Number:

Street: 120 Friday Center Drive

E-Mail: jhardee@wunc.org

Campus Box 0915

City: Chapel Hill

NC

Country: USA

Zipcode:

State:

27517

9495

Attention:

Jon Hardee

2. Comaci	2.	Contact
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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

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this app.	lication?
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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	(b)Date Issued
SESMOD2018092403368	2019–06–13 00:00:00.0
(c)Call Sign	(d)Location
E060409	Buxton, NC
(e)Nature of Service Domestic Fixed Satellite	(f)Class of Station Receive Only Earth Station (CGO)

(g)Expiration Date 2021–11–13 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 0000103313 Date 01/31/2020					

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	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 for 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).		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:

0	Individual							
0	Unincorporated Association							
0	Partnership							
0	Corporation							
•	Governmental Entity							
0	Other (please specify)							
12. Please supply any need attachments.								
1:		2:		3:				
CERTIFICATION								
13. Typed Name of Person Signing Nora Casper		14. Title of Person Signing Acting President						
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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