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–Temporary Fixed Earth Station (3.7m)

1. Applicant					
Name:	SES Americom, Inc.	Phone Number:	202-478-7143		
DBA Name	:	Fax Number:	202-478-7111		
Street:	1129 20th Street NW	E-Mail:	petra.vorwig@ses.com		
	Suite 1000				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20036 –		
Attention:	Ms Petra A Vorwig				

2. Con	ntact			
	Name:	George A Varkey	Phone Number:	6099874327
	Company:	SES	Fax Number:	
	Street:	4 Research Way	E-Mail:	george.varkey@ses.com
	City:	Princeton	State:	NJ
	Country:	USA	Zipcode:	08540 –
	Attention:		Relationship:	Engineer

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
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
SESRWL2003121501812	2003-12-18 00:00:00.0
(c)Call Sign	(d)Location
E930451	0 0 0.0, 0 0 0.0
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite	Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2018–12–23 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: None	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?			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?	O Yes			
	• No • N/A			
	● 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	dying this inform	nation	n, as	
identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7.				
File Number Date				

- 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 Petra A Vorwig14. Title of Person Signing Senior Legal & Regulatory Counsel				
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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