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 – E7846

1. Applicant

NBC Telemundo License LLC

Phone Number:

202-524-6401

DBA Name:

Fax Number:

202-524-6411

Street:

Name:

300 New Jersey Avenue, NW

E-Mail:

margaret.tobey@nbcuni.com

Suite 700

City:

Washington

State:

DC

Country:

USA

Zipcode:

20001

Attention:

Margaret L Tobey

ontact			
Name:	NBC Telemundo License LLC	Phone Number:	202-524-6401
Company:		Fax Number:	202-524-6411
Street:	300 New Jersey Avenue, NW	E-Mail:	margaret.tobey@nbcuni.com
	Suite 700		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20001 –
Attention:		Relationship:	
ENEWAL INFORM	IATION		
Rulepart under which	this filing is made Rulepart 25		
Is a fee submitted wit	th this application?		
If Yes, complete and	d attach FCC Form 159. If No, i	indicate reason for fee exem	ption (see 47 C.F.R.Section 1.1114).
Governmental Entit	y Noncommercial educati	ional 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	(b)Date Issued
SESMOD2013111301106	2014–07–16 00:00:00.0
(c)Call Sign	(d)Location
E7846	Meridian, MS
(e)Nature of Service Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2019–10–26 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	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 organ applicant's relation to the station, or financial responsibility; that applicate identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number SES-ASG-20141114-00863 Date 06/08/2015	ants most recent application or report embodying this information, as	ne		

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:					
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).		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:					
 Individual Unincorporated Association Partnership 					
Corporation Governmental Entity Other (please specify) Limited Liability Company					

12. Please supply any need attachments.

1:	2:		3:				
CERTIFICATION							
13. Typed Name of Person Signing Margaret L. Tobey		14. Title of Person Signing Assistant Secretary					
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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