## 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: PES License Renewal

1. Applicant

Name: Pulaski Electric System Phone Number: 931–363–2522

**DBA Name: Fax Number:** 931–363–4743

Street: 128 S. First Street E–Mail: accounting@pesenergize.com

City: Pulaski State: TN

Country: USA Zipcode: 38478 -

**Attention:** Anita King

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′)	Contact
4.	Comaci

Name: Brian Shrader Phone Number: 931–363–2522

**Company:** Pulaski Electric System **Fax Number:** 931–363–4743

Street: 128 S. 1st Street E–Mail: bshrader@pesenergize.com

City: Pulaski State: TN

Country: USA Zipcode: 38478 -

Attention: Brian Shrader Relationship: Engineer

## 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	
SESREG2006051900863	2006–07–14 00:00:00.0	
(c)Call Sign	(d)Location	
E060183	128 S. 1st St. Pulaski, TN 38478	
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Receive Only Earth Station (CGO)	

(g)Expiration Date 2021–05–19 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:  N/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 o 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 application 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-REG-20060519-00863 Date 07/14/2006	ants most recent application or report embodying this information, as		

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?  If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:  If NO, Explain briefly why not: As per Pulaski Electric Systems original registration, this earth station does not have an environmental impact as described in 47 CFR 1.1307.	000	Yes No N/A
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).  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.		Yes No

11. Designate Appropriate Classification:

O Individual								
Unincorporated Association								
Partnership								
Corporation Corporation								
Governmental Entity								
Other (please specify)								
12. Please supply any need attachments.								
1: Muni. Corp. Doc.	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing A. Richard Kelley		14. Title of Person Signing President & CEO						
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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