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Callsign:

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

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APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

Request for Special Temporary Authority to Operate Two New Low Power Terrestrial Repeaters in the Commonwealth of Puerto Rico for 180 Days

1. Applicant

Name:	Sirius XM Radio Inc.	Phone Number:	212-584-5100
DBA Name:		Fax Number:	212-584-5353
Street:	1221 Avenue of the Americas 36th Floor	E-Mail:	
City:	New York	State:	NY
Country:	USA	Zipcode:	10020 -
Attention:	Patrick L. Donnelly		

2. Contact	
Name: James S. Blitz	Phone Number: 202-380-4000
Company: Sirius XM Radio Inc.	Fax Number: 202-380-4981
Street: 1500 Eckington Place NE	E-Mail: james.blitz@siriusxm.com
City: Washington	State: DC
Country: USA	Zipcode: 20002 -
Attention:	Relationship: Same
(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)	
3. Reference File Number or Submission ID	
4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other (please explain):	
4b. Fee Classification CXW – Space Station (Non-Geostationary)	
5. Type Request	
<input type="radio"/> Change Station Location <input type="radio"/> Extend Expiration Date <input checked="" type="radio"/> Other	
6. Temporary Orbit Location	7. Requested Extended Expiration Date

8. Description (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Sirius XM Radio Inc. requests Special Temporary Authority to operate two new low power terrestrial repeaters in the Commonwealth of Puerto Rico for 180 days pursuant to the technical parameters listed in Exhibit A.

9. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application"; for these purposes. Yes No

10. Name of Person Signing
James S. Blitz

11. Title of Person Signing
Vice President, Regulatory Counsel

12. Please supply any need attachments.

Attachment 1: STA Request

Attachment 2:

Attachment 3:

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT
(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION
(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

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