

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Request for Flushing, NY Tennis Tournament – KU Band TES44

1. Applicant

Name:	BT Americas Inc.	Phone Number:	703-755-6733
DBA Name:		Fax Number:	703-755-6740
Street:	11911 Freedom Drive 11th Flr.	E-Mail:	linda.cicco@btna.com
City:	Reston	State:	VA
Country:	USA	Zipcode:	20190 –
Attention:	Ms Linda J Cicco		

2. Contact

Name:	Linda J. Cicco	Phone Number:	703 755 6733
Company:	BT Americas Inc.	Fax Number:	703 755- 6740
Street:	11440 Commerce Park Drive Suite 5041	E-Mail:	linda.cicco@btna.com
City:	Reston	State:	VA
Country:	USA	Zipcode:	20191 -
Contact Title:	Regulatory Compliance Manager	Relationship:	Other

3. Reference File Number

4a. 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):

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
08/20/2003

7. CityFlushing

8. Latitude
(dd mm ss.s h) 40 45 0.3 N

9. State NY	10. Longitude (dd mm ss.s h) 73 51 6.2 W
11. Please supply any need attachments. Attachment 1: Letter Attachment 2: Schedule B Attachment 3: Rad Haz	
12. 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.) STA request for operation of a 1.9 meter KU-Band temporary fixed station to cover the USTA tennis tournament in Flushing, NY August 20 thru September 15, 2003.	
13. 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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing A. Sheba Chacko	15. Title of Person Signing Asst. Secretary
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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