

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: Ltr 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">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.</div> | |
| 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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