APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for Flushing, NY Tennis Tournament – KU Band TES45

1. Applicant

Name: BT Americas Inc. **Phone Number:** 703–775–6733

DBA Name: Fax Number: 703–755–6740

Street: 11911 Freedom Drive E–Mail: linda.cicco@btna.com

11th Flr.

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	E–Mail:	linda.cicco@btna.com	
	Suite 5041			
City:	Reston	State:	VA	
Country:	USA	Zipcode:	20191 –	
Contact Title:	Regulatory Compliance Manager	Relationship:	Other	
	d with this application?		·	
_	d attach FCC Form 159. If No, indi		tion (see 47 C.F.R.Section 1.1114).	
_	y Noncommercial educational	licensee		
Other(please explain	n):			
4b. Fee Classification	CGX – Fixed Satellite Transmit/Rec	eive Earth Station		
5. Type Request				
Use Prior to Grant	• Change	Station Location	Other	
6. Requested Use Prior 08/20/2003	Date			
7. CityFlushing		8. Latitude (dd mm ss.s h	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 to FCC Attachment 2: Sched	ale 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 2.2 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 Yes No					
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.					
14. Name of Person Signing	15. Title of Person Signing				
A. Sheba Chacko	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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