

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 – C Band

**1. Applicant**

<b>Name:</b>	BT Americas Inc.	<b>Phone Number:</b>	571-203-6816
<b>DBA Name:</b>		<b>Fax Number:</b>	571-203-6889
<b>Street:</b>	11911 Freedom Drive 11th Flr.	<b>E-Mail:</b>	linda.cicco@btna.com
<b>City:</b>	Reston	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	20190 –
<b>Attention:</b>	Ms Linda J Cicco		

**2. Contact**

<b>Name:</b>	Linda J. Cicco	<b>Phone Number:</b>	703 755 6733
<b>Company:</b>	BT Americas Inc.	<b>Fax Number:</b>	703 755- 6740
<b>Street:</b>	11440 Commerce Park Drive Suite 5041	<b>E-Mail:</b>	linda.cicco@btna.com
<b>City:</b>	Reston	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	20191 -
<b>Contact Title:</b>	Regulatory Compliance Manager	<b>Relationship:</b>	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: Waiver ltr                      Attachment 2: Rad Haz                      Attachment 3: coord.stud	
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: 5px 0;"> STA request for operation of a 1.5 meter C-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. <div style="text-align: right;"> <input checked="checked" type="radio"/> Yes            <input type="radio"/> No </div>	
14. Name of Person Signing A. Sheba Chacko	15. Title of Person Signing Asst. Secretary
<b>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT</b> (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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