

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
WCMH Sat Trk STA

1. Applicant

Name:	NBC Telemundo License Co.	Phone Number:	202-637-4535
DBA Name:		Fax Number:	202-637-4530
Street:	1299 Pennsylvania Avenue, NW 11th Fl.	E-Mail:	bill.lebeau@corporate.ge.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -
Attention:	Mr F William LeBeau		

2. Contact

Name:	F. William LeBeau	Phone Number:	202-637-4535
Company:	NBC Telemundo License Co.	Fax Number:	202-637-4530
Street:	1299 Pennsylvania Ave, NW 11th Fl.	E-Mail:	bill.lebeau@corporate.ge.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -
Contact Title:	Assistant Secretary	Relationship:	Same

3. Reference File Number SESLIC2004062100851

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

7. CityColumbus

8. Latitude
(dd mm ss.s h) 0 0 0.0

9. State OH	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Ex. 1 Attachment 2: Attachment 3:	
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;"> NULL </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; margin-right: 50px;"> <input checked="checked" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing F. William LeBeau	15. Title of Person Signing Assistant Secretary
<p style="text-align: center;"> 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). </p>	

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