

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

1. Applicant

Name:	BT Americas Inc.	Phone Number:	703-755-6733
DBA Name:		Fax Number:	703-755-6740
Street:	11440 Commerce Park Drive Suite 5041	E-Mail:	linda.cicco@bt.com
City:	Reston	State:	VA
Country:	USA	Zipcode:	20191 –
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@bt.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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
08/15/2004

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: 312 Schedule B Attachment 2: Rad Haz Study 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: 10px 0;">STA request for operation of 2 1.5 meter Ku-Band temporary fixed antennae to cover the USTA tennis tournament in Flushing, NY August 15 thru September 15, 2004.</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 Linda J. Cicco	15. Title of Person Signing Reg. Compliance Manager
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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