

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Testing GM Hub Macomb DETR

1. Applicant

| | | | |
|-------------------|----------------------------------|----------------------|--------------------|
| Name: | Telesat Canada | Phone Number: | 6137488700 |
| DBA Name: | | Fax Number: | 6137488712 |
| Street: | 1601 Telesat Court Gloucester | E-Mail: | a.kulig@telesat.ca |
| City: | | State: | |
| Country: | | Zipcode: | - |
| Attention: | Mrs Angela M Kulig | | |

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| 2. Contact | |
| Name: Angela M. Kulig | Phone Number: 613-748-8700 |
| Company: Telesat Canada | Fax Number: 613-748-8712 |
| Street: 1601 Telesat Court | E-Mail: a.kulig@telesat.ca |
| City: Gloucester | State: |
| Country: Canada | Zipcode: K1B -5P4 |
| Contact Title: Coordination Engineering Associate | Relationship: Same |
| 3. Reference File Number SESLIC2004102701601 | |
| 4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other(please explain): | |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station | |
| 5. Type Request <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other | |
| 6. Requested Use Prior Date 12/10/2004 | |
| 7. City Macomb | 8. Latitude (dd mm ss.s h) 42 40 36.78 N |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 9. State MI | 10. Longitude (dd mm ss.s h) 82 58 7.68 W |
| 11. Please supply any need attachments. Attachment 1: STA Letter 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: 10px 0;">An STA is requested for Dec. 10, for testing Telesat's General Motors Interactive Distance Learning Network Hub, which will be transmitting/receiving VSAT and DVB video traffic via Intelsat-5 (97 W) and will be located at Telesat's office in Macomb, Michigan.</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 Paul D. Bush | 15. Title of Person Signing VP, Broadcast & Corporate Development |
| 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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