

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA to cover operation of E050057

1. Applicant

Name:	Tribune Television Northwest, Inc.	Phone Number:	206-674-1300
DBA Name:		Fax Number:	
Street:	1813 Westlake Avenue North	E-Mail:	
City:	Seattle	State:	WA
Country:	USA	Zipcode:	98109 -
Attention:	Pamela S Pearson		

2. Contact

Name:	Thomas Van Wazer	Phone Number:	202-736-8119
Company:	Sidley Austin Brown & Wood LLP	Fax Number:	202-736-8711
Street:	1501 K Street NW	E-Mail:	tvanwaze@sidley.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20005 -
Contact Title:		Relationship:	Legal Counsel

3. Reference File Number SESLIC2005021800270

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
03/15/2005

7. City Various

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

9. State WA	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Attachment 2: 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;">See Attachment 2</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 Pamela S. Pearson	15. Title of Person Signing Vice President & General 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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