

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA NAB2005

1. Applicant

Name:	MICROWAVE RADIO COMMUNICATIONS	Phone Number:	978-671-5700 x5823
DBA Name:		Fax Number:	978-671-5800
Street:	101 Billerica Ave Bldg. 6	E-Mail:	bthomas@mrcbroadcast.com
City:	North Billerica	State:	MA
Country:	USA	Zipcode:	01862 -1256
Attention:	Mr Brian Thomas		

2. Contact

Name:	Kevin Dennis	Phone Number:	978-671-5700
Company:	MICROWAVE RADIO COMMUNICATIONS	Fax Number:	978-671-5800
Street:	101 Billerica Ave Bldg. 6	E-Mail:	kdennis@mrcbroadcast.com
City:	North Billerica	State:	MA
Country:	USA	Zipcode:	01862 -1256
Contact Title:	Engineering	Relationship:	Same

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
04/14/2005

7. CityLas Vegas

8. Latitude
(dd mm ss.s h) 36 7 56.0 N

9. State NV	10. Longitude (dd mm ss.s h) 115 9 17.0 W
11. Please supply any need attachments. Attachment 1: Attachment 1 Attachment 2: 2 Attachment 3: 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 1</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 Kevin Dennis	15. Title of Person Signing Engineer
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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