

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

ADPH Ku Satelite Truck

**1. Applicant**

<b>Name:</b>	Alabama, State of	<b>Phone Number:</b>	334-206-5618
<b>DBA Name:</b>		<b>Fax Number:</b>	334-206-5640
<b>Street:</b>	201 Monroe Street Suite 940 P.O. Box 303017	<b>E-Mail:</b>	michaelsmith@adpm.state.al.us
<b>City:</b>	Montgomery	<b>State:</b>	AL
<b>Country:</b>	USA	<b>Zipcode:</b>	36104 -
<b>Attention:</b>	Mr Michael L Smith		

<b>2. Contact</b>	
<b>Name:</b> Video Communications	<b>Phone Number:</b> 334-206-5618
<b>Company:</b> AL Dept. Public Health	<b>Fax Number:</b> 334-206-5640
<b>Street:</b> 201 Monroe Street	<b>E-Mail:</b> michaelsmith@adph.state.al.us
<b>City:</b> Montgomery	<b>State:</b> AL
<b>Country:</b> USA	<b>Zipcode:</b> 36104 -
<b>Contact Title:</b>	<b>Relationship:</b>
<b>3. Reference File Number</b>	
4a. Is a fee submitted with this application?	
<input 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 checked="" type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other(please explain):	
<b>4b. Fee Classification</b> CGB – Mobile Satellite Earth Stations	
<b>5. Type Request</b>	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
<b>6. Requested Use Prior Date</b> 04/14/2005	
<b>7. City</b> Montgomery	<b>8. Latitude</b> (dd mm ss.s h) 32 23 0.0 N

9. State AL	10. Longitude (dd mm ss.s h) 86 22 0.0 W
11. Please supply any need attachments. Attachment 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: 10px 0;">This FTA is to keep compliant due to missed filing of license renewal. Must be able to continue operation during this filing process. Wish to maintain existing call sign E950116. Will fill new authorization application as soon as radiation study is completed.</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. <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	
14. Name of Person Signing Michael Smith	15. Title of Person Signing Director, Video Communications
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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