

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Transportable, Temporary Fixed Earth Station

1. Applicant

Name:	WBNS-TV, Inc.	Phone Number:	614-460-3937
DBA Name:		Fax Number:	614-460-3789
Street:	770 Twin Rivers Drive	E-Mail:	mborn@wbns.com
City:	Columbus	State:	OH
Country:	USA	Zipcode:	43215 -
Attention:	Marvin Born		

2. Contact	
Name: Thomas P. 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 -
Attention:	Relationship: Legal Counsel
3. Reference File Number SESLICINTR200501059	
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 05/25/2005	
7. City Various	8. Latitude (dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: STA Requests 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 Exhibit 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 Thomas Griesdorn	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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