

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Temporary use of Flyaway in Saipan

**1. Applicant**

<b>Name:</b>	Production & Satellite Services, Inc.	<b>Phone Number:</b>	310-575-4400
<b>DBA Name:</b>		<b>Fax Number:</b>	310-575-4451
<b>Street:</b>	4425 Aldebaran Ave Ste #1	<b>E-Mail:</b>	r.newell@pssi-usa.com
<b>City:</b>	Las Vegas	<b>State:</b>	NV
<b>Country:</b>	USA	<b>Zipcode:</b>	89103 -
<b>Attention:</b>	Mr Ronald M Newell		

<b>2. Contact</b>	
<b>Name:</b> Ronald M Newell	<b>Phone Number:</b> 702-798-0101
<b>Company:</b> Production 7 Satellite Services, Inc.	<b>Fax Number:</b> 702-895-7484
<b>Street:</b> 4425 Aldebaran Ave Ste #1	<b>E-Mail:</b> r.newell@pssi-usa.com
<b>City:</b> Las Vegas	<b>State:</b> NV
<b>Country:</b> USA	<b>Zipcode:</b> 89103 -
<b>Attention:</b> Ronald M Newell	<b>Relationship:</b> Same
3. Reference File Number SESLIC2001051600928	
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    CGB – Mobile Satellite Earth Stations	
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 06/29/2005	
7. City Las Vegas	8. Latitude (dd mm ss.s h) 0 0 0.0

9. State NV	10. Longitude (dd mm ss.s h) 0 0 0.0
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: 5px 0;"> <p>Authority to use for news event in Saipan, Mariannas US Territories.</p> </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes      <input type="radio"/> No </div>	
14. Name of Person Signing Ronald M. Newell	15. Title of Person Signing Resource Manager
<b>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).</b>	

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