

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

**1. Applicant**

<b>Name:</b>	WIRESAT SA	<b>Phone Number:</b>	41919509383
<b>DBA Name:</b>		<b>Fax Number:</b>	41919509381
<b>Street:</b>	VIA AL MOLINO 31 MONTAGNOLA	<b>E-Mail:</b>	giusy@wiresat.tv
<b>City:</b>		<b>State:</b>	
<b>Country:</b>	Switzerland	<b>Zipcode:</b>	-
<b>Attention:</b>	GIUSY BARBAGLI		

<b>2. Contact</b>	
<b>Name:</b> Giusy Barbagli	<b>Phone Number:</b> 41919509383
<b>Company:</b> Wiresat	<b>Fax Number:</b> 41919509381
<b>Street:</b> Via al Molina 31	<b>E-Mail:</b> giusy@wiresat.tv
<b>City:</b> Monatgnola	<b>State:</b>
<b>Country:</b> Switzerland	<b>Zipcode:</b> -
<b>Attention:</b> Giusy Barbagli	<b>Relationship:</b> Other
<b>3. Reference File Number</b>	
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):	
<b>4b. Fee Classification</b> CGX – Fixed Satellite Transmit/Receive Earth Station	
<b>5. Type Request</b>	
<input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other	
<b>6. Requested Use Prior Date</b> 06/15/2005	
<b>7. City</b> Indianapolis	<b>8. Latitude</b> (dd mm ss.s h) 39 46 0.0 N

9. State IN	10. Longitude (dd mm ss.s h) 86 9 0.0 W
11. Please supply any need attachments. Attachment 1: attachment 1 and 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; min-height: 100px;">STA</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 Severino Albertoni	15. Title of Person Signing President
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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