

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Saipan STA request

1. Applicant

Name:	Tokyo Broadcasting System, Inc.	Phone Number:	81355713275
DBA Name:		Fax Number:	
Street:	5-3-6, Akasaka Minato-ku	E-Mail:	
City:		State:	
Country:		Zipcode:	-
Attention:	Mr Jun Hasegawa		

2. Contact

Name:	Ryan N Terry	Phone Number:	202 429-4900
Company:	Goldberg Godles Wiener & Wright	Fax Number:	202 429-4912
Street:	1229 19th Street, NW	E-Mail:	rterry@g2w2.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -2413
Attention:		Relationship:	Legal Counsel

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
06/24/2005

7. City Garapan

8. Latitude
(dd mm ss.s h) 15 12 28.0 N

9. State MP	10. Longitude (dd mm ss.s h) 145 42 53.0 E
11. Please supply any need attachments. Attachment 1: STA Attachment 2: Freq Coord Attachment 3: Rad Haz	
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;">Request for Special Temporary Authority in accordance with the attached.</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 Masaki Umeda	15. Title of Person Signing Deputy Vice 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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