

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA – Life Church 2.4m Ku

1. Applicant

Name:	Life Church	Phone Number:	405-680-5433
DBA Name:		Fax Number:	405-844-3002
Street:	4600 East 2nd Street	E-Mail:	
City:	Edmond	State:	OK
Country:	USA	Zipcode:	73013 –
Attention:	Bobby Gruenewald		

2. Contact

Name:	Bill Swart	Phone Number:	703-917-9882
Company:	Skjei Telecom, Inc.	Fax Number:	703-917-0098
Street:	7777 Leesburg Pike Suite 315N	E-Mail:	bill.swart@skjeitelecom.com
City:	Falls Church	State:	VA
Country:	USA	Zipcode:	22043 -2403
Attention:		Relationship:	Engineer

(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)

3. Reference File Number or Submission ID IB2005002154

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): Non-profit organization.

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
09/30/2005

7. CityEdmond	8. Latitude (dd mm ss.s h) 35 38 57.02 N
9. State OK	10. Longitude (dd mm ss.s h) 97 25 15.1 W
11. Please supply any need attachments. Attachment 1: Fee Exempt Statement Attachment 2: Life Church Rad Haz 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;">A STA is requested to allow performance testing and verification of proper earth station operation and to allow preliminary operation of the referenced earth station during such time that the permanent license application is being processed. Fee exempt statement and radiation hazard study are 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 Bobby Gruenwald	15. Title of Person Signing 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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