## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Stehekin2 Request for Special Temporary Authority

1. Applicant							
	Name:	Westgate Communications LLC	Phone Number:	509-682-5556			
	DBA Name:		Fax Number:	509-682-5558			
	Street:	P.O. BOX 1903	E-Mail:	rick.weaver@westgatecomm.com			
	City:	Brewster	State:	WA			
	<b>Country:</b>	USA	Zipcode:	98812 -1903			
	Attention:	Mr Richard J Weaver					

2. Contact							
Name:	Richard D. Rubino	Phone Number:	2026590830				
Company:	Blooston, Mordkofsky, Dickens, Duffy & Prendergast	Fax Number:	2028285568				
Street:	2120 L Street, N.W., Suite 300	E–Mail:					
City:	Washington	State:	DC				
Country:	USA	Zipcode:	20037 –				
Attention:	Richard D. Rubino	<b>Relationship:</b>	Legal Counsel				
<ul> <li>(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.)</li> <li>3. Reference File Number or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>							
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 1 10/20/2005	Date						

7. CityStehekin	8. Latitude (dd mm ss.s h) 48 19 34.0 N						
9. State WA	10. Longitude (dd mm ss.s h) 120 41 4.0 W						
11. Please supply any need attachments.         Attachment 1: Request for STA         Attachment 2: Supplemental Notice         Attachment 3: Radiation Hazard Rep							
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.)							
Request for Special Temporary Authority. 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.							
14. Name of Person Signing Richard J. Weaver	15. Title of Person Signing Manager/Member						
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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