APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Continuation of Katrina and Rita STA (90 days)

1. Applicant

Name: ARD German Television Phone Number: 202–298–6535

DBA Name: Fax Number:

Street: 3132 M Street NW E-Mail:

City: Washington State: DC

Country: USA Zipcode: 20007 -

Attention: Stefan Scheuer

2. Contact				
Name:	Joseph A. Godles, Esq.	Phone Number:	202-429-4900	
Company:	Goldberg Godles Wiener Wright	Fax Number:	202-429-4912	
Street:	1229 19th Street, NW	E–Mail:	jgodles@g2w2.com	
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20036 -2413	
Attention:		Relationship:	Legal Counsel	
application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and	r only one.)	icate reason for fee exempti	on (see 47 C.F.R.Section 1.1114).	
Other(please explain	n):			
4b. Fee Classification	CGX – Fixed Satellite Transmit/Rec	ceive Earth Station		
5. Type Request				
O Use Prior to Grant O Change Station Location Other				
6. Requested Use Prior	Date			
7. City Various		8. Latitude (dd mm ss.s h)	8. Latitude (dd mm ss.s h) 0 0 0.0	

9. State	10. Longitude				
	(dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: STA extension 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.)					
ARD German Television herein submits an application for authority to continue operating					
its temporary-fixed station in the areas in Louisiana and Texas affected by Hurricanes					
Katrina and Rita.					
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 Jan Krusch	15. Title of Person Signing				
	Authorized employee				
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 212(a)(1)), AND/OR EODEFITIBE (U.S. Code, Title 47, Section 502)					
(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).					

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