## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Special Temporary Authority (STA) for Transmit/Receive Earth Station in Titan, Colorado

1. Applicant

Name: National Digital Television Center, **Phone Number:** 303–486–3828

Inc.

**DBA Name:** Fax Number: 303–267–7150

Street: 4100 East Dry Creek Road E–Mail: les\_shutter@cable.comcast.com

City: Littleton State: CO

Country: USA Zipcode: 80122

**Attention:** Mr Les Shutter

2. Contact						
	Name:	National Digital Television Center, Inc.	Phone Nu	mber:	303-486-3828	
	Company:		Fax Numl	ber:	303-267-7150	
	Street:	4100 East Dry Creek Road	E-Mail:		les_shutter@cable.comcast.com	
	City:	Littleton	State:		СО	
	<b>Country:</b>	USA	Zipcode:		80122 –	
	Attention:	Mr Les Shutter	Relations	hip:		
application	n. Please enter				mber or the IB Submission ID of the related	
4a. Is a fee submitted with this application?  one 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 Re	quest					
•	ed Use Prior D 4/2005	Date				

7. CityLittleton	8. Latitude (dd mm ss.s h) 39 30 50.0 N					
9. State CO	10. Longitude (dd mm ss.s h) 105 1 27.5 W					
11. Please supply any need attachments.						
Attachment 1: Exhibit A Attachment 2: Exhibit	B Attachment 3: Exhibit C					
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.)						
See Exhibit A						
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 Les Shutter	5. Title of Person Signing Manager, Satellite Services					
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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