APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: WCAU Sat Trk STA

1. Applicant

Name: NBC Telemundo License Co. Phone Number: 202–637–4535

DBA Name: Fax Number: 202–637–4530

Street: 1299 Pennsylvania Avenue, NW E-Mail: bill.lebeau@nbcuni.com

City: Washington State: DC

Country: USA Zipcode: 20004 -

Attention: F William LeBeau

2. Contac	et .				
	Name:	NBC Telemundo License Co.	Phone Numbe	er: 202-637-4535	
	Company:		Fax Number:	202-637-4530	
	Street:	1299 Pennsylvania Avenue, NW	E–Mail:	bill.lebeau@nbcuni.com	
	City:	Washington	State:	DC	
	Country:	USA	Zipcode:	20004 –	
	Attention:	F William LeBeau	Relationship:		
(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 IB2006000038 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 Re	equest				
Use Prior to Grant Change Station Location Other					
-	ted Use Prior I 13/2005	Date			
7. City				atitude 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: 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.)					
NULL					
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 F. William LeBeau	15. Title of Person Signing Assistant Secretary				
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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