

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Scientific Games Racing, L.L.C. Application for STA – Florence, KY Truck 11

1. Applicant

Name:	Scientific Games Racing, L.L.C.	Phone Number:	212-754-2233
DBA Name:		Fax Number:	212-754-2372
Street:	750 Lexington Avenue	E-Mail:	ira.raphaelson@scientificgames.com
	25th Floor		
City:	New York	State:	NY
Country:	USA	Zipcode:	10022 -
Attention:	Mr Ira Raphaelson		

2. Contact

Name:	Jennifer Hindin	Phone Number:	202-719-4975
Company:	Wiley Rein & Fielding LLP	Fax Number:	202-719-7049
Street:	1776 K Street, NW	E-Mail:	jhindin@wrf.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	Jennifer Hindin	Relationship:	Legal Counsel

(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

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 Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
03/21/2006

7. City Florence

8. Latitude
(dd mm ss.s h) 39 1 28.0 N

9. State KY	10. Longitude (dd mm ss.s h) 84 38 6.0 W
11. Please supply any need attachments. Attachment 1: Attachment 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Request for special temporary authority to operate a C-band temporary fixed earth station for transmission of digital video signals and associated data from a site located in Florence, Kentucky.</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 William J. Huntley	15. Title of Person Signing 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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