

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Seek temporary authority to use E060061 Satellite truck CFL2 while existing license is in the process of being modified.

1. Applicant

| | | | |
|-------------------|----------------------------|----------------------|---------------------------------|
| Name: | Bright House Networks, LLC | Phone Number: | 727-329-2976 |
| DBA Name: | | Fax Number: | 727-329-2909 |
| Street: | 700 Carillon Parkway | E-Mail: | chris.feathers@mybighthouse.com |
| | Suite 1 | | |
| City: | St. Petersburg | State: | FL |
| Country: | USA | Zipcode: | 33716 - |
| Attention: | Mr Chris Feathers | | |

2. Contact

| | | | |
|-------------------|-----------------------|----------------------|---------------------------------|
| Name: | Chris Feathers | Phone Number: | 727-329-2976 |
| Company: | Bright House Networks | Fax Number: | 727-329-2909 |
| Street: | 700 Carillon Parkway | E-Mail: | chris.feathers@mybighthouse.com |
| | Suite 1 | | |
| City: | St. Petersburg | State: | FL |
| Country: | USA | Zipcode: | 33716 – |
| Attention: | Chris Feathers | Relationship: | Engineer |

(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 SESMOD2006061901031 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 CGB – Mobile Satellite Earth Stations

5. Type Request

- ☐ Use Prior to Grant ☐ Change Station Location ☒ Other

6. Requested Use Prior Date

| | |
|--|---|
| 7. City | 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: 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.) Request temporary authority to use Satellite truck CFL2 under current license of E060061 while the license modification process is underway. | |
| 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 Chris Feathers | 15. Title of Person Signing Director of Technical Operations |
| 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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