

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Shuttle Application

1. Applicant

Name:	Canadian Broadcasting Corporation	Phone Number:	416-205-7240
DBA Name:		Fax Number:	
Street:	205 Wellington Street West Toronto	E-Mail:	Dave_Greenway@cbc.ca
City:		State:	
Country:		Zipcode:	-
Attention:	Mr Dave Greenway		

2. Contact

Name:	Canadian Broadcasting Corporation	Phone Number:	416-205-7240
Company:		Fax Number:	
Street:	205 Wellington Street West	E-Mail:	Dave_Greenway@cbc.ca
City:	Toronto	State:	
Country:	Canada	Zipcode:	M5V3G -7
Attention:	Mr Dave Greeway	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

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): public broadcaster

4b. Fee Classification CGB – Mobile Satellite Earth Stations

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
08/25/2006

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