

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Temporary authority for use of Lower L-band due to changes by satellite provider

**1. Applicant**

<b>Name:</b>	BotCorp America	<b>Phone Number:</b>	716-842-1033 x104
<b>DBA Name:</b>		<b>Fax Number:</b>	716-842-1025
<b>Street:</b>	3903 Witmer Road Unit 860	<b>E-Mail:</b>	Chris.rampen@botcorp.com
<b>City:</b>	Niagara Falls	<b>State:</b>	NY
<b>Country:</b>	USA	<b>Zipcode:</b>	14305 -
<b>Attention:</b>	Mr Chris F Rampen		

**2. Contact**

<b>Name:</b>	BotCorp America	<b>Phone Number:</b>	716-842-1033 x104
<b>Company:</b>		<b>Fax Number:</b>	716-842-1025
<b>Street:</b>	3903 Witmer Road Unit 860	<b>E-Mail:</b>	Chris.rampen@botcorp.com
<b>City:</b>	Niagara Falls	<b>State:</b>	NY
<b>Country:</b>	USA	<b>Zipcode:</b>	14305 -
<b>Attention:</b>	Mr Chris F Rampen	<b>Relationship:</b>	

(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 IB2006002738

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  
10/10/2006

7. CityN/A

8. Latitude  
(dd mm ss.s h) 0 0 0.0 N

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Reason for STA                      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: 5px 0;">Request for temporary use of lower L-band due to changes implemented by satellite provider</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 Chris F. Rampen	15. Title of Person Signing Special Projects
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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