

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

wfxt sng sta

1. Applicant

Name:	Fox Television Stations, Inc.	Phone Number:	202-895-3088
DBA Name:		Fax Number:	202-895-3222
Street:	Fox Television Stations, Inc. 5151 Wisconsin Ave., NW	E-Mail:	mollyp@foxtv.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20016 -
Attention:	Molly Pauker		

2. Contact

Name:	Fox Television Stations, Inc.	Phone Number:	202-895-3088
Company:		Fax Number:	202-895-3222
Street:	Fox Television Stations, Inc. 5151 Wisconsin Ave., NW	E-Mail:	mollyp@foxtv.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20016 -
Attention:	Molly Pauker	Relationship:	Same

(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 SESLICINTR200602695 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
09/30/2006

7. City BOSTON

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

9. State MA	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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>APPLICANT WISHES TO TEST EQUIPMENT PRIOR TO MOBILIZATION</p> </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. <div style="text-align: right; margin-top: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing MOLLY PAUKER	15. Title of Person Signing VICE 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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