

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
EXTENSION OF STA FOR TEMPORARY USE OF LOWER L-BAND

1. Applicant

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

2. Contact

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

(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
12/28/2006

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 E
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: 10px 0;">EXTENSION OF PREVIOUS STA FOR TEMPORARY USE OF LOWER L-BAND DUE TO CHANGES IMPLEMENTED BY SATELLITE PROVIDER. AN APPLICATION HAS BEEN MADE TO MODIFY OUR EXISTING LICENCE BUT WE HAVE NOT RECEIVED INFORMATION TO COMPLETE THE APPLICATION FROM THE 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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