APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E950388 STA Extension Request

1. Applica	ant				
	Name:	Bob Jones University	Phone Number:	202-544-5171	
	DBA Name:		Fax Number:	202-544-5172	
	Street:	205 Third Street, S.E.	E-Mail:		
	City:	Washington	State:	DC	
	Country:	USA	Zipcode:	20003 -	
	Attention:	Mr Colby M May Esq.			
		in construction body			

2. Contact								
Name:	Colby M. May, Esq.	Phone Number:	202-544-5171					
Company:	Colby M. May, Esq., P.C.	Fax Number:	202-544-5172					
Street:	205 Third Street, S.E.	E-Mail:	cmmay@maylawoffices.com					
City:	Washington	State:	DC					
Country:	USA	Zipcode:	20003 –					
Attention:	Colby M. May	Relationship:	Legal Counsel					
(If your application is re	elated to an application filed with	the Commission, enter eith	her the file number or the IB Submission ID of the related					
application. Please enter								
3. Reference File Number SESSTA2007020200183 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).								
O Governmental Entity O Noncommercial educational licensee								
• Other(please explain):								
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
5. Type Request								
O Use Prior to Grant O Change Station Location O Other								
6. Requested Use Prior	Date							
7. CityGreenville		8. Latitude						
		(dd mm ss.	s h) 34 52 18.0 N					

9. State SC		ongitude nm ss.s h) 52 2	2 7.0 W				
11. Please supply any need attachme	ents.						
Attachment 1:	Attachment 2:	Attachment 3:					
12. Description. (If the complete c	lescription does not appear in this box, plo	ease go to the end c	of the form to view it in its entirety)				
Bob Jones University has a pending license application (SES-LIC-20070209-00218) for this facility and respectfully requests extension of its current STA authorization until such time as that license application can be processed and granted.							
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.							
14. Name of Person Signing Alan J. Carper		15. Title of Person Signing Executive 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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