## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA E000674

1. Applicant

Name: Radio Training Network Inc **Phone Number:** 863–644–3464

**DBA Name:** Fax Number: 863–646–5326

Street: 5015 S Florida Ave #409 E–Mail: GOSRAD@aol.com

P.O. Box 7217

City: Lakeland State: FL

**Country:** USA **Zipcode:** 33807 -7217

**Attention:** Mr James L Campbell

2. Contact					
Nam	e: Timothy R. Obit	ts Phone N	lumber:	703–761–5000	
Com	pany: Gammon & Grai	nge, P.C. Fax Nun	mber:	703–761–5023	
Stree	et: 8280 Greensbord	Drive, 7th Fl. E–Mail:		tro@gg-law.com	
City:	McLean	State:		VA	
Cour	ntry: USA	Zipcode	:	22102 -3807	
Atter	ntion:	Relation	ship:	Legal Counsel	
(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 SESMOD2007030200291 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					
6. Requested Us 03/07/200					
7. CityRaleigh			8. Latitude (dd mm ss.s h) 35 53 20.0 N		

9. State NC	10. Longitude (dd mm ss.s h) 78 37 37.0 W				
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.)					
Radio Training Network, Inc. ('RTN') filed an application on March 2, 2007, for modification of its license for E000674 to replace the antenna and relocate the station. RTN requests special temporary authority to operate from the proposed location using the new antenna until the Commission processes its license application.					
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 James L. Campbell	15. Title of Person Signing 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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