

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

City of Chicago ESTA

1. Applicant

Name:	Chicago, City of/ Ofc of Emergency Communications	Phone Number:	312-746-9111
DBA Name:		Fax Number:	312-746-9120
Street:	1411 W Madison	E-Mail:	
City:	Chicago	State:	IL
Country:	USA	Zipcode:	60607 -
Attention:	Mr William J Carter		

2. Contact			
Name:	Sandra Black	Phone Number:	812-299-4818
Company:	EMR Consulting, INC	Fax Number:	812-299-4817
Street:	1411 W Madison	E-Mail:	slblack@th.twcbc.com
City:	Terre Haute	State:	IN
Country:	USA	Zipcode:	47802 –
Attention:	Sandra Black	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 SESLIC2007040400445 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 CGV – Fixed Satellite VSAT System			
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other			
6. Requested Use Prior Date 04/11/2007			
7. CityChicago		8. Latitude (dd mm ss.s h) 41 52 20.0 N	

9. State IL	10. Longitude (dd mm ss.s h) 87 40 45.0 W
11. Please supply any need attachments. Attachment 1: JUSTIFICATION 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.) Applicant seeks temporary authority for 60 in using the 3.7 meter hub and the 1.5 meter remote.	
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. ☒ Yes ☐ No	
14. Name of Person Signing JAMES G. ARGIROPOULOS	15. Title of Person Signing MANAGING DEPUTY DIRECTOR
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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