

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant

Name:	WIRESAT SA	Phone Number:	0041919509383
DBA Name:		Fax Number:	0041919509381
Street:	VIA AL MOLINO 31 MONTAGNOLA	E-Mail:	giusy@wiresat.tv
City:		State:	
Country:	Switzerland	Zipcode:	-
Attention:	Mrs GIUSY BARBAGLI		

2. Contact

Name:	GIUSY BARBAGLI	Phone Number:	0041919509383
Company:	WIRESAT SA	Fax Number:	0041919509381
Street:	VIA AL MOLINO 31 MONTAGNOLA	E-Mail:	giusy@wiresat.tv
City:	LUGANO	State:	
Country:	Switzerland	Zipcode:	6926 -
Attention:	Mrs GIUSY BARBAGLI	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

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
06/13/2007

7. City INDIANAPOLIS

8. Latitude
(dd mm ss.s h) 39 46 0.0 N

9. State IN	10. Longitude (dd mm ss.s h) 86 9 0.0 W
11. Please supply any need attachments. Attachment 1: TECHNICAL DETAILS 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;">WE NEED THE LICENCE FOR SATELLITE TRANSMISSIONS FOR THE FORMULA 1. WE WILL BE IN INDIANAPOLIS CIRCUIT FROM 13TH OF JUNE UNTIL 18 OF JUNE 2007. WE WILL TRANSMIT FROM INDIANAPOLIS TO ITALY FOR AN ITALIAN BROADCASTER</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 SEVERINO ALBERTONI	15. Title of Person Signing CEO
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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