## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA–NBC 4.5 meter transportable digital Ku–band uplink

Name:	NBC Telemundo License Co.	Phone Number:	202-637-4535
<b>DBA Name:</b>		Fax Number:	202-637-4530
Street:	1299 Pennsylvania Avenue, NW	E-Mail:	bill.lebeau@nbcuni.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 –
Attention:	F William LeBeau		

2. Contact						
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Name:	NBC Telemundo License Co.	Phone Number	er: 202–637–4535			
Company:		Fax Number:	202-637-4530			
Street:	1299 Pennsylvania Avenue, NW	E–Mail:	bill.lebeau@nbcuni.com			
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20004 –			
Attention:	F William LeBeau	<b>Relationship:</b>				
(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 SESLIC2007103101483 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						
Use Prior to Grant     O Change Station Location     O Other						
6. Requested Use Prior	r Date					
11/02/2007						
7. CityWashington			atitude			
		(dd	mm ss.s h) $0 \ 0 \ 0.0$			

9. State DC	10. Longitude (dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: Ex. 1Attachment 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.)					
NULL					
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	15. Title of Person Signing				
F. William LeBeau	Assistant Secretary				
<ul> <li>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).</li> </ul>					

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