

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
WTAE STA for April 2008

1. Applicant

Name:	WTAE Hearst-Argyle Television, Inc.	Phone Number:	919-839-0300
DBA Name:		Fax Number:	919-839-0304
Street:	P.O. Box 1800	E-Mail:	mprak@brookspierce.com
City:	Raleigh	State:	NC
Country:	USA	Zipcode:	27602 -
Attention:	Mark J Prak		

2. Contact	
Name: Mark J. Prak	Phone Number: 9198390300
Company: Brooks Pierce	Fax Number: 9198390304
Street: PO Box 1800	E-Mail: mprak@brookspierce.com
City: Raleigh	State: NC
Country: USA	Zipcode: 27602 -
Attention: Mark J. Prak	Relationship: 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 or Submission ID	
4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other(please explain):	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request	
<input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other	
6. Requested Use Prior Date 03/28/2008	
7. CityPittsburgh	8. Latitude (dd mm ss.s h) 40 26 12.0 N

9. State PA	10. Longitude (dd mm ss.s h) 79 52 2.0 W
11. Please supply any need attachments. Attachment 1: 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">The instant application requests STA for temporary digital operation of licensed earth station E950500 at variance from its license, as more specifically described in Attachment 1.</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 Jonathan C. Mintzer	15. Title of Person Signing Secretary
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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