

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Early use of E080191 uplink STA

1. Applicant

Name:	Iowa Public Broadcasting Board	Phone Number:	515-242-3116
DBA Name:		Fax Number:	515-242-3109
Street:	6450 Corporate Drive	E-Mail:	hayes@iptv.org
City:	Johnston	State:	IA
Country:	USA	Zipcode:	50131 -6450
Attention:	Mr William T Hayes		

2. Contact

Name:	Barry S. Persh	Phone Number:	(202)776-2000
Company:	Dow Lohnes PLLC	Fax Number:	
Street:	1200 New Hampshire Ave. NW Suite 800	E-Mail:	bpersh@dowlohn.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:		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 SESLIC2008082601104 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

09/12/2008

7. City Various

8. Latitude

(dd mm ss.s h) 0 0 0.0

9. State IA	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Attachment 2: STA Request 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;">Application for STA prior to grant of transportable Ku Band uplink for establishing communications with home offices from remote locations, primarily in the State of Iowa. Permanent authorization application pending in FCC File No. SES-LIC-20080826-01104.</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 William T. Hayes	15. Title of Person Signing Director of Engineering
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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