APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Charleston

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1.	A	pp	HC	ant

Name: West Virginia Educational Phone Number: 304–556–4900

Broadcasting Authority

DBA Name: Fax Number: 304–556–4980

Street: 600 Capitol St E–Mail: dadkins@wvpubcast.org

City: Charleston State: WV

Country: USA **Zipcode:** 25301 –1223

Attention: Dennis Adkins

2. Contact	t						
	Name:	Dennis Adkins	Phone Number:		304-556-4900		
	Company:	West Virginia Educational Broadcasting Authority	Fax Numb	er:	304–55	6–4980	
	Street:	600 Capitol St	E–Mail:		dadkins	@wvpubcast.org	
	City:	Charleston	State:		WV		
	Country:	USA	Zipcode:		25301	-1223	
	Attention:	Dennis Adkins	Relationsh	nip:	Other		
4a. Is a If Yes, Gover	fee submitted complete and	oer or Submission ID I with this application? I attach FCC Form 159. If No, if y Noncommercial education n): Public Radio – Fee Exempt	nal licensee	For fee exemption (see	2 47 C.F.R.S	ection 1.1114).	
4b. Fee Cla	assification	CGX – Fixed Satellite Transmit/	Receive Earth St	ation			
5. Type Re Use P	equest Prior to Grant	O Cha	nge Station Loca	ation	Othe	or	
•	ted Use Prior I 20/2008	Date					

7. CityCharleston	8. Latitude (dd mm ss.s h) 38 21 9.0 N					
9. State WV	10. Longitude (dd mm ss.s h) 81 37 46.0 W					
11. Please supply any need attachments.						
Attachment 1: STA Request Attachment 2: FreqCoo	ord Attachment 3: RadHaz					
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.)						
See Attachment 1						
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 Dennis Adkins	15. Title of Person Signing Executive 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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