## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: April 2009 Request for Special Temporary Authority for E960241

1. Applicant	
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Name: Westwood One, Inc. Phone Number: 212–641–2081

**DBA Name:** Fax Number: 212–641–2198

Street: 40 West 57th Street **E–Mail:** Melissa\_Garza@westwoodone.

com

City: New York State: NY

Country: USA Zipcode: 10019 -

**Attention:** Melissa Garza

2. Contact				
Name:	John D. Poutasse	Phone Number:	202-429-8970	
Company:	Lerman Senter PLLC	Fax Number:	202–293–7783	
Street:	2000 K Street, NW	E–Mail:	jpoutasse@lermansenter.com	
	Suite 600			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20006 –	
Attention:		Relationship:	Legal Counsel	
4a. Is a fee submitted  If Yes, complete and Governmental Entity Other(please explain	ber or Submission ID IB2009 d with this application? d attach FCC Form 159. If Notice ty Noncommercial educa n):	o, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
	CGX – Fixed Satellite Transm	it/Receive Earth Station		
5. Type Request  O Use Prior to Grant  O Change Station Location  O Other				
6. Requested Use Prior 04/16/2009	Date			
7. CitySilver Spring		8. Latitude (dd mm ss.s h)	38 59 40.0 N	

9. State MD	10. Longitude				
	(dd mm ss.s h) 77 1 55.0 W				
11. Please supply any need attachments.					
Attachment 1: Narrative Attachment 2: Owners	hip 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.)					
See attached narrative.					
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 David Hillman	15. Title of Person Signing Chief Administrative Officer				
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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