

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA request related to pending reinstatement and renewal of license

1. Applicant

Name:	Western Illinois University	Phone Number:	309-298-1873
DBA Name:		Fax Number:	309-298-2133
Street:	WIUM/WIUS 1 University Circle	E-Mail:	d-vallillo@wiu.edu
City:	Macomb	State:	IL
Country:	USA	Zipcode:	61455 -1390
Attention:	Ms Dorothy Vallillo		

2. Contact

Name:	Jerold L. Jacobs, Esq.	Phone Number:	202-452-4823
Company:	Cohn and Marks LLP	Fax Number:	202-293-4827
Street:	1920 N St., NW Suite 300	E-Mail:	jerold.jacobs@cohnmarks.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -1622
Attention:	Jerold L. Jacobs, Esq.	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 IB2009001643

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

06/09/2009

7. City Macomb

8. Latitude

(dd mm ss.s h) 40 27 56.0 N

9. State IL	10. Longitude (dd mm ss.s h) 90 41 9.0 W
11. Please supply any need attachments. Attachment 1: Petition to reinstat 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; min-height: 100px;">NULL</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 Alvin Goldfarb	15. Title of Person Signing President
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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