

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Special Temporary Authority for testing – fixed earth station

1. Applicant

Name:	Kansas State University	Phone Number:	785-532-7041
DBA Name:		Fax Number:	785-532-7355
Street:	128 Dole Hall	E-Mail:	ecc@ksu.edu
	Kansas State University		
City:	Manhattan	State:	KS
Country:	USA	Zipcode:	66506 -
Attention:	Mr Douglas A VonFeldt		

2. Contact

Name:	Robert F. Nelson	Phone Number:	785-532-3141
Company:	Kansas State University	Fax Number:	785-532-7355
Street:	128 Dole Hall Kansas State University	E-Mail:	rfnelson@ksu.edu
City:	Manhattan	State:	KS
Country:	USA	Zipcode:	66506 -6902
Attention:	Robert F. Nelson	Relationship:	Engineer

(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 SESLIC2009072000884 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

08/14/2009

7. City Manhattan

8. Latitude

(dd mm ss.s h) 39 11 44.7 N

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