

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 – temporary fixed earth station

**1. Applicant**

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

**2. Contact**

<b>Name:</b>	Robert F. Nelson	<b>Phone Number:</b>	785-532-3141
<b>Company:</b>	Kansas State University	<b>Fax Number:</b>	785-532-7355
<b>Street:</b>	Educational Communications Ctr 128 Dole Hall	<b>E-Mail:</b>	rfnelson@ksu.edu
<b>City:</b>	Manhattan	<b>State:</b>	KS
<b>Country:</b>	USA	<b>Zipcode:</b>	66506 -6902
<b>Attention:</b>	Robert F. Nelson	<b>Relationship:</b>	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 SESLIC2009072000885 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    CGB – Mobile Satellite Earth Stations

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
08/14/2009

7. City

8. Latitude  
(dd mm ss.s h) 0 0 0.0



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