

Approved by OMB  
3060-0678

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 Kansas State University	<b>E-Mail:</b>	ecc@ksu.edu
<b>City:</b>	Manhattan	<b>State:</b>	KS
<b>Country:</b>	USA	<b>Zipcode:</b>	66506 -
<b>Attention:</b>	Mr Douglas A VonFeldt		



File # SES STA-20090813-01000

Call Sign E090126 Grant Date 8/14/09  
(or other identifier)

Term Dates  
From 8-14-09 To: 9-14-09

Approved [Signature]  
8-14-09

<b>2. Contact</b>	
<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?	
<input type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).	
<input type="radio"/> Governmental Entity <input checked="" type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other (please explain):	
4b. Fee Classification CGB - Mobile Satellite Earth Stations	
5. Type Request	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 08/14/2009	
7. City	8. Latitude (dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: 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; margin: 5px 0;">Request for Special Temporary Authority to allow testing while system integrator is on site.</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. <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	
14. Name of Person Signing Robert F. Nelson	15. Title of Person Signing Chief Engineer – Educational Communications Center
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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