

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
ADDITION OF DIGITAL EMISSION DESIGNATOR FOR TEMPORARY FIXED EARTH STATION TRUCK

**1. Applicant**

<b>Name:</b>	Board of Trustees of Southern Illinois University	<b>Phone Number:</b>	618-453-6179
<b>DBA Name:</b>		<b>Fax Number:</b>	618-453-6186
<b>Street:</b>	1003 Communications Building	<b>E-Mail:</b>	delores.kerstein@wsiu.org
<b>City:</b>	Carbondale	<b>State:</b>	IL
<b>Country:</b>	USA	<b>Zipcode:</b>	62901 -6602
<b>Attention:</b>	Ms. Delores Kerstein		

**2. Contact**

<b>Name:</b>	Jerold L. Jacobs, Esq.	<b>Phone Number:</b>	202-293-3860
<b>Company:</b>	Cohn and Marks LLP	<b>Fax Number:</b>	202-293-4827
<b>Street:</b>	1920 N Street, N.W. Suite 300	<b>E-Mail:</b>	jerold.jacobs@cohnmarks.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -1622
<b>Attention:</b>	Jerold L. Jacobs, Esq.	<b>Relationship:</b>	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 IB2010003622

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  
12/01/2010

7. City Carbondale

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

9. State IL	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: 10px;"><p>This STA requests operation of the SNG truck during the period of time while the associated application Submission ID #IB2010003622 is open for public comment.</p></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 Dr. Glenn Poshard	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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