

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA for 1.8 M Ku / 2.4 M C Band Truck STS

**1. Applicant**

<b>Name:</b>	SATELLITE TECHNOLOGY SYSTEMS, INC..	<b>Phone Number:</b>	800-838-1472
<b>DBA Name:</b>		<b>Fax Number:</b>	815-344-4047
<b>Street:</b>	4702 ROUTE 176	<b>E-Mail:</b>	STS@MC.NET
<b>City:</b>	CRYSTAL LAKE	<b>State:</b>	IL
<b>Country:</b>	USA	<b>Zipcode:</b>	60014 -
<b>Attention:</b>	Mr CHARLES O SPOTO		

**2. Contact**

<b>Name:</b>	Basil F. Pinzone, Jr.	<b>Phone Number:</b>	440 368 7950
<b>Company:</b>	Pinzone Engineering Group, Inc.	<b>Fax Number:</b>	
<b>Street:</b>	10142 Fairmount Road	<b>E-Mail:</b>	Basil@Pinzone.com
<b>City:</b>	Newbury	<b>State:</b>	OH
<b>Country:</b>	USA	<b>Zipcode:</b>	44065 -9531
<b>Attention:</b>	Basil F. Pinzone, Jr.	<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 SESLICINTR201103648 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

07/29/2011

7. City Various

8. Latitude

(dd mm ss.s h) 0 0 0.0



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