

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

News 12 New Jersey L.L.C. Request for STA

1. Applicant

Name:	News 12 New Jersey L.L.C.	Phone Number:	732-346-3220
DBA Name:		Fax Number:	
Street:	450 Raritan Center Parkway	E-Mail:	
City:	Edison	State:	NJ
Country:	USA	Zipcode:	08837 -
Attention:	Larry B. Meyrowitz		

2. Contact			
Name:	Russell H. Fox	Phone Number:	202-434-7483
Company:	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Fax Number:	202-434-7400
Street:	701 Pennsylvania Avenue N.W. Suite 900	E-Mail:	rfox@mintz.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 –
Attention:		Relationship:	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 SESLICINTR201104227 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 09/14/2011	
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7. CityVARIOUS	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: Request for STA 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; margin: 10px 0;"> News 12 New Jersey requests special temporary authority to operate facilities associated with a new transportable satellite news-gathering truck prior to grant of the application requesting permanent authorization. See Attachment 1. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing Larry B. Meyrowitz	15. Title of Person Signing Director of Operations, News 12 New Jersey
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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