

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
E990291 Vernon NJ STA for Tests with XM-5

**1. Applicant**

<b>Name:</b>	Sirius XM Radio Inc.	<b>Phone Number:</b>	202-380-4000
<b>DBA Name:</b>		<b>Fax Number:</b>	202-380-4500
<b>Street:</b>	1221 Avenue of the Americas 36th Floor	<b>E-Mail:</b>	James.Blitz@siriusxm.com
<b>City:</b>	New York	<b>State:</b>	NY
<b>Country:</b>	USA	<b>Zipcode:</b>	10020 -
<b>Attention:</b>	James S. Blitz		

**2. Contact**

<b>Name:</b>	Karis A. Hastings	<b>Phone Number:</b>	202-599-0975
<b>Company:</b>	SatCom Law LLC	<b>Fax Number:</b>	
<b>Street:</b>	1317 F Street, N.W., Suite 400	<b>E-Mail:</b>	karis@satcomlaw.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20004 -
<b>Attention:</b>		<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

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

7. City Vernon

8. Latitude

(dd mm ss.s h) 41 12 44.9 N

9. State NJ	10. Longitude (dd mm ss.s h) 74 29 41.3 W
11. Please supply any need attachments. Attachment 1: STA Request                      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: 10px 0;">Sirius XM Radio Inc. requests special temporary authority to use its Vernon, NJ earth station (call sign E990291) to communicate with the XM-5 satellite (call sign S2786) for testing purposes.</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 James S. Blitz	15. Title of Person Signing Vice President, Regulatory Counsel
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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