APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for use of 4.6 meter Ku-band T/R prior to pending license grant

1. Applicant

Name: Corning Incorporated Phone Number: 607–974–2324

DBA Name: Fax Number: 607–974–3964

Street: SP-WW-01-4 E-Mail: gossettgl@corning.com

Science Center Dr-Data Center

City: Corning State: NY

Country: USA Zipcode: 14831 -

Attention: Glenda L Gossett

2. Contact				
Name:	Glenda L Gossett	Phone Number:	607-974-2324	
Company:	Corning Incorporated	Fax Number:	607-974-3964	
Street:	SP-WW-01-4	E–Mail:	gossettgl@corning.com	
	Science Center Dr-Data Cer	nter		
City:	Corning	State:	NY	
Country:	USA	Zipcode:	14831 –	
Attention:		Relationship:		
application. Please enter 3. Reference File Numb 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain	only one.) oer or Submission ID IB2011 with this application? I attach FCC Form 159. If No. y Noncommercial education:	004381 o, indicate reason for fee exemption tional licensee	on (see 47 C.F.R.Section 1.1114).	
	CGX – Fixed Satellite Transm	it/Receive Earth Station		
5. Type Request O Use Prior to Grant O Change Station Location O Other				
6. Requested Use Prior 1 10/03/2011	Date			
7. CityCorning		8. Latitude (dd mm ss.s h)	42 8 40.7 N	

O Ctota NV	10 I anathrida				
9. State NY	10. Longitude (dd mm ss.s h) 77 3 28.2 W				
	(dd IIIII 55.5 II) 77 5 20.2 W				
11. Please supply any need attachments.					
Attachment 1: RadHaz 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.)					
The pending application request under FCC submission ID					
13. By checking Yes, the undersigned certifies that neither applicant nor	any other party to the application is Yes No				
subject to a denial of Federal benefits that includes FCC benefits pursua					
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.					
14. Name of Person Signing	15. Title of Person Signing				
Glenda L Gossett	Information Technology Project Manager				
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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