

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA Application 8_19_11

1. Applicant

Name:	Clear Channel Satellite Services	Phone Number:	303-925-1708
DBA Name:		Fax Number:	303-925-1714
Street:	76 Inverness Dr. East Suite B	E-Mail:	lizkarr@clearchannel.com
City:	Englewood	State:	CO
Country:	USA	Zipcode:	80112 -
Attention:	Mrs Liz Karr		

2. Contact

Name:	Clear Channel Satellite Services	Phone Number:	303-925-1708
Company:		Fax Number:	303-925-1714
Street:	76 Inverness Dr. East Suite B	E-Mail:	lizkarr@clearchannel.com
City:	Englewood	State:	CO
Country:	USA	Zipcode:	80112 -
Attention:	Liz Karr	Relationship:	Same

(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 IB2011004626

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
10/19/2011

7. City Englewood

8. Latitude
(dd mm ss.s h) 39 34 47.0 N

9. State CO	10. Longitude (dd mm ss.s h) 104 51 35.0 W
11. Please supply any need attachments. Attachment 1: Existing License Attachment 2: Current STA 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;">Clear Channel Satellite Services requests an extension of special temporary authority for 60 days to continue operating the C-Band antennas that were licensed under expired call sign E010074 and SES-STA-20110823-00996 pending submission of and Commission action on an application for a new license for the facility (application submitted 10/19/2011).</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 Liz Karr	15. Title of Person Signing Office 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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