

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA App 2/16/12

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
Company:	
Street:	76 Inverness Dr. East Suite B
City:	Englewood
Country:	USA
Attention:	Liz Karr
Phone Number:	303-925-1708
Fax Number:	303-925-1714
E-Mail:	lizkarr@clearchannel.com
State:	CO
Zipcode:	80112 -
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 SESSTA2011121901466 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 02/24/2012	
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: License Attachment 2: Viasat docs Attachment 3: Approved STAs	
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.) 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 E010074, STA-20110823-00996, STA-20111019-01242, and STA-20111219-01466, pending Commission action on an application for a new license for the facility (SES-LIC-20120127-00098, submitted	
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. ☒ Yes ☐ 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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12. Description

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