

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
CoverEDGE Temporary Fixed Earth Station STA 4/6/2012

1. Applicant

Name:	CoverEdge, Inc.	Phone Number:	702-795-3343
DBA Name:		Fax Number:	702-795-3828
Street:	P. O. Box 14925	E-Mail:	engineering@coveredge.com
City:	Las Vegas	State:	NV
Country:	USA	Zipcode:	89114 -
Attention:	Mr. Richard Travis		

2. Contact

Name:	Mr. Tracey L. Frohn	Phone Number:	702-795-3343
Company:	CoverEDGE, Inc.	Fax Number:	702-795-3828
Street:	P. O. Box 14925	E-Mail:	engineering@coveredge.com
City:	Las Vegas	State:	NV
Country:	USA	Zipcode:	89114 -
Attention:	Mr. Tracey L. Frohn	Relationship:	Engineer

(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
04/10/2012

7. City Various

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: Pub. Benefit Letter Attachment 2: Form 312 Schedule B 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;"> CoverEDGE, Inc. is requesting a Special Temporary Authorization to operate a KU Band Temporary-Fixed Earth Station while we complete and file an application for a Permanent Authorization. Attached are Form 312 Schedule B and our Public Benefit Letter. </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 Tracey L. Frohn	15. Title of Person Signing Chief Engineer
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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