

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E070218 STA to Communicate with NSS-7

1. Applicant

Name:	MTN License Corp.	Phone Number:	206-838-7700
DBA Name:		Fax Number:	
Street:	719 2nd Avenue Suite 820	E-Mail:	ithompson@mtnsat.com
City:	Seattle	State:	WA
Country:	USA	Zipcode:	98104 -
Attention:	Mr Ian Thompson		

2. Contact			
Name:	Stephen D. Baruch/Philip A. Bonomo	Phone Number:	202-429-8970
Company:	Lerman Senter PLLC	Fax Number:	202-293-7783
Street:	2000 K Street, NW	E-Mail:	sbaruch@lermansenter.com/pbonomo@lermansenter.com
	Suite 600		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 –
Attention:		Relationship:	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 05/18/2012	
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7. CityHolmdel	8. Latitude (dd mm ss.s h) 40 23 42.0 N
9. State NJ	10. Longitude (dd mm ss.s h) 74 10 25.0 W
11. Please supply any need attachments. Attachment 1: Exhibit A 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.) See Exhibit A.	
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 Robert Hanson	15. Title of Person Signing Vice President
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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