

Approved by OMB
3060-0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION: Enter a description of this application to identify it on the main menu:
STA Request for E120214 WAVE(TV)

I. Applicant

Name:	WAVE License Subsidiary, LLC	Phone Number:	334-206-1400
DBA Name:		Fax Number:	334-206-1554
Street:	RSA Tower, 20th Floor 201 Monroe Street	E-Mail:	rbryan@raycommmedia.com
City:	Montgomery	State:	AL
Country:	USA	Zipcode:	36104
Attention:	Ms Rebecca S Bryan		

Handwritten notes and stamps:

- Handwritten: SWS-SYS-20121026-00974
- Handwritten: E120214
- Handwritten: 10-21-12
- Handwritten: 10-20-12
- Handwritten: [Signature]
- Stamp: Call Sign (or other identifier)
- Stamp: Term Dates
- Stamp: From
- Stamp: [Circular logo]

2. Contact			
Name:	Eve Pogoriler, Esq.	Phone Number:	202-662-5345
Company:	Covington & Burling LLP	Fax Number:	202-778-5345
Street:	1201 Pennsylvania Avenue, N.W.	E-Mail:	epogoriler@cov.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -
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 SESLIC2012101500922 or Submission ID			
4a. Is a fee submitted with this application?			
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).			
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee			
<input type="radio"/> Other (please explain):			
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station			
5. Type Request			
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other			
6. Requested Use Prior Date			
11/01/2012			
7. City/Louisville		8. Latitude	
		(dd mm ss.s h) 0 0 0.0	

9. State KY	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: 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.) Applicant seeks STA authority to cover operations of E120214, a Transportable Ku-Band Video Uplink for transmitting news and event coverage, primarily in Kentucky and Southern, Indiana, while the underlying application is pending. Parent station WAVE(TV) is anxious to begin providing breaking news and weather event coverage to its viewers, primarily in	
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 <input checked="" type="radio"/> No <input type="radio"/>	
14. Name of Person Signing Rebecca S. Bryan	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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12. Description

Applicant seeks STA authority to cover operations of E120214, a Transportable Ku-Band Video Uplink for transmitting news and event coverage, primarily in Kentucky and Southern, Indiana, while the underlying application is pending. Parent station WAVE(TV) is anxious to begin providing breaking news and weather event coverage to its viewers, primarily in and around Louisville, Kentucky. As such, the grant of STA would be to the benefit of WAVE's local community.