Approved by OMB
3060−0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:
New STA for E940167

1. Applicant

Name:	Sure Shot Transmissions, Inc.	**Phone Number:**	330−542−0900
DBA Name:		**Fax Number:**	330−542−1020
Street:	P.O. Box 489	**E−Mail:**	cblasko@sureshotsat.com
	10314 Main Street		
City:	New Middletown	**State:**	OH
Country:	USA	**Zipcode:**	44442 −0489
Attention:	Ms Carolyn Blasko		

2. Contact

Name:	Sure Shot Transmissions, Inc.	**Phone Number:**	330−542−0900
Company:		**Fax Number:**	330−542−1020
Street:	P.O. Box 489	E−Mail:	cblasko@sureshotsat.com
	10314 Main Street		
City:	New Middletown	**State:**	OH
Country:	USA	**Zipcode:**	44442 −0489
Attention:		**Relationship:**	

(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 SESRWL2004032500504 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 11/30/2012	
7. CityVarious	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: Emergency STA for E9 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.)

NULL

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	15. Title of Person Signing
Carolyn Blasko	Financial Director

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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