

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 a 1.8 meter Ku-band fixed transmit/receive earth station.

1. Applicant

Name:	Dome Productions	Phone Number:	416-341-2114
DBA Name:		Fax Number:	416-341-2020
Street:	1 Blue Jays Way Suite 3400	E-Mail:	mejohanson@domeprod.com
City:	Toronto	State:	
Country:		Zipcode:	-
Attention:	Mr Mike E Johnson		

2. Contact

Name:	Mr Mike E Johnson	Phone Number:	416-341-2114
Company:	Dome Productions	Fax Number:	416-341-2020
Street:	1 Blue Jays Way Suite 3400	E-Mail:	mejohanson@domeprod.com
City:	Toronto	State:	
Country:	Canada	Zipcode:	-
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 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
04/12/2013

7. City Kansas City

8. Latitude
(dd mm ss.s h) 39 3 8.3 N

9. State MO	10. Longitude (dd mm ss.s h) 94 28 55.0 W
11. Please supply any need attachments. Attachment 1: RadHaz Attachment 2: Operating Parameters 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: 5px; margin: 10px 0;">STA to operate a 1.8 meter Ku-band transmit/receive earth station at Kauffman Stadium in Kansas City, Missouri. This 1.8 meter will transmit to Galaxy 17 at 97 degrees West on 04/12/2013 in support and demonstration of the applicants equipment.</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Mr Mike E Johnson	15. Title of Person Signing Director of Engineering
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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