APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E150015 – Request for Extension of STA

1. Applicant

Name: NBC Telemundo License LLC **Phone Number:** 202–524–6401

DBA Name: Fax Number: 202–524–6411

Street: 300 New Jersey Avenue, NW E–Mail: margaret.tobey@nbcuni.com

Suite 700

City: Washington State: DC

Country: USA Zipcode: 20001 -

Attention: Margaret L Tobey

2. Contact					
Name	: NBC Telemundo Li	cense LLC Phone Nu	mber:	202-524-6401	
Comp	any:	Fax Num	ber:	202-524-6411	
Street	: 300 New Jersey Ave	enue, NW E-Mail:		margaret.tobey@nbcuni.com	
	Suite 700				
City:	Washington	State:		DC	
Count	try: USA	Zipcode:		20001 –	
Atten	tion:	Relations	hip:		
(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 SESSTA2016032500299 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 Classifica	tion CGX – Fixed Satellite	e Transmit/Receive Earth S	tation		
5. Type Request					
Use Prior to Grant Change Station Location Other					
6. Requested Use	Prior Date				
7. City			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: E150015 STA Ex. 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.)					
Request to extend STA for E150015 (modification adding use of extended Ku-band transmit spectrum) for 60 days pursuant to Section 25.120(b)(3)					
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.					
14. Name of Person Signing	15. Title of Person Signing				
Margaret L. Tobey	Assistant Secretary				
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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