

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 E160158

1. Applicant

Name:	Son Broadcasting, Inc.	Phone Number:	505-345-1991
DBA Name:		Fax Number:	505-345-5669
Street:	5010 Fourth St NW	E-Mail:	ted@sonbroadcasting.org
City:	Albuquerque	State:	NM
Country:	USA	Zipcode:	87107 -
Attention:	Mr Ted Gonzales		

2. Contact

Name:	Son Broadcasting, Inc.	Phone Number:	505-345-1991
Company:	Son Broadcasting, Inc.	Fax Number:	505-345-5669
Street:	5010 Fourth St NW	E-Mail:	ted@sonbroadcasting.org
City:	Albuquerque	State:	NM
Country:	USA	Zipcode:	87107 -
Attention:		Relationship:	Same

(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 SESLIC2016092900815 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): Non-Commercial / Not for Profit Entity

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
10/10/2016

7. City Albuquerque	8. Latitude (dd mm ss.s h) 35 6 50.7 N
9. State NM	10. Longitude (dd mm ss.s h) 106 37 52.7 W
11. Please supply any need attachments. Attachment 1: STARrequestLetter Attachment 2: RadHaz Attachment 3: CoordRpt	
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: 5px 0;">STA request for Son Broadcasting, Inc. See attached request letter.</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 Ted Gonzales	15. Title of Person Signing Operations Manager
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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