

WTS Live

SES-STA-20161027-00863

IB2016002345

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:
SNG transmission authorization – Elections 2016 (2)

1. Applicant

Name:	WTS Live	Phone Number:	+33689391301
DBA Name:		Fax Number:	
Street:	39, avenue d'Iena	E-Mail:	eric.rousseau@wtslive.com
City:	Paris	State:	
Country:		Zipcode:	-
Attention:	Mr Eric Rousseau		

"With Conditions"



File # SES-STA-20161027-00863

Call Sign N/A Grant Date 11/04/2016
(or other identifier)

Term Dates
From 11/08/2016 To 11/09/2016

Approved: Debra M. Lott

Applicant: WTS Live
Call Sign: none
File No.: SES-STA-20161027-00863
Special Temporary Authority



"With Conditions"
File # SES-STA-20161027-00863
Call Sign N/A Grant Date 11/04/2016
(or other identifier)
Term Dates
From 11/08/2016 To 11/09/2016
Approved: Eleanor M. Loft

WTS Live (WTS) is granted special temporary authority to operate a 1.2 m temporary fixed earth station from 371 Seventh Avenue & 31st St., New York, NY from November 8, 2016 through November 9, 2016 with the EUTELSAT 12 at 12.5 degrees W.L on the 13824.67 MHz (Earth-to-space) and 11024.67 MHz (space-to-Earth) center frequencies, under the following conditions:

1. Operations must not exceed the operational power levels of 60.8 dBW for all carriers.
2. Operation of this STA does not constitute permanent Market Access for EUTELSAT 12 on the frequencies above.
3. Operations, shall not cause harmful interference to, and shall not claim protection from interference caused to it by any other lawfully operating station and it shall cease transmission(s) immediately upon notice of such interference and notify the FCC in writing.
4. Any action taken or expense incurred as a result of operations pursuant to this STA is solely at WTS Live's risk.
5. Transmitter(s) must be turned off during antenna maintenance to ensure compliance with the FCC-specified safety guidelines for human exposure to radiofrequency radiation in the region between the antenna feed and the reflector.
6. The licensee shall take all necessary measures to ensure that the antenna does not create potential exposure of humans to radiofrequency radiation in excess of the FCC exposure limits defined in 47 CFR 1.1307(b) and 1.1310 wherever such exposures might occur. Measures must be taken to ensure compliance with limits for both occupational/controlled exposure and for general population/uncontrolled exposure, as defined in these rule sections. The FCC's OET Bulletin 65 (available on-line at www.fcc.gov/oet/rfsafety) provides information on predicting exposure levels and on methods for ensuring compliance, including the use of warning and alerting signs and protective equipment for workers.
7. Grant of this authorization is without prejudice to any determination that the Commission may make regarding pending or future WTS Live applications.
8. 24/7 point of contact during the period of STA operation: WTS Live +33 6 74 70 34 96 / +33 (0) 6 89 39 13 01 (Eric Rousseau) eric.rousseau@wtslive.com

This action is issued pursuant to Section 0.261 of the Commission's rules on delegated authority, 47 C.F.R. § 0.261, and is effective immediately.

2. Contact

Name:	WTS Live	Phone Number:	+33689391301
Company:		Fax Number:	
Street:	39, avenue d'Iena	E-Mail:	eric.rousseau@wtslive.com
City:	Paris	State:	
Country:	France	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 CGB – Mobile Satellite Earth Stations**5. Type Request**
 Use Prior to Grant Change Station Location Other
6. Requested Use Prior Date

08/11/2016

7. City New York**8. Latitude**

(dd mm ss.s h) 40 44 56.8 N

9. State NY	10. Longitude (dd mm ss.s h) 73 59 31.2 W
11. Please supply any need attachments. Attachment 1: FCC312 Form 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.) <div style="border: 1px solid black; padding: 5px; min-height: 100px;">NULL</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 Eric Rousseau	15. Title of Person Signing Head of transmission service
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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