

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Adding 3.7m dish to E010074 to support operations due to failing satellite

1. Applicant

Name:	Orbital Media Networks, Inc.	Phone Number:	303-925-1708
DBA Name:		Fax Number:	
Street:	76 Inverness Dr. East Suite C	E-Mail:	LizKarr@orbitalmedianetworks. com
City:	Englewood	State:	CO
Country:	USA	Zipcode:	80112 -
Attention:	Ms Liz Karr		

2. Contact

Name:	Orbital Media Networks, Inc.	Phone Number:	303-925-1708
Company:		Fax Number:	
Street:	76 Inverness Dr. East	E-Mail:	LizKarr@orbitalmedianetworks.com
	Suite C		
City:	Englewood	State:	CO
Country:	USA	Zipcode:	80112 -
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 CGS – Fixed Satellite Small Transmit/Receive Earth Station**5. Type Request**

Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

02/01/2017

7. CityEnglewood	8. Latitude (dd mm ss.s h) 39 34 47.0 N
9. State CA	10. Longitude (dd mm ss.s h) 104 51 35.0 W
<p>11. Please supply any need attachments.</p> <p>Attachment 1: STA request Attachment 2: Small antenna Attachment 3:</p>	
<p>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.)</p> <div style="border: 1px solid black; padding: 5px;"> <p>Due to AMC8's age and failing health, we are required to migrate to AMC18 to continue service. However one of our streams cannot be turned-around by the carrier due to technical constraints so we forced to uplink the stream directly through this additional dish to maintain operations.</p> </div>	
<p>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.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
14. Name of Person Signing Mikg Hagans	15. Title of Person Signing President
<p>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).</p>	

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