

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA for Transportable Ku-band Earth Station

**1. Applicant**

<b>Name:</b>	NBC Telemundo License LLC	<b>Phone Number:</b>	202-524-6401
<b>DBA Name:</b>		<b>Fax Number:</b>	202-524-6411
<b>Street:</b>	300 New Jersey Avenue, NW Suite 700	<b>E-Mail:</b>	margaret.tobey@nbcuni.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20001 -
<b>Attention:</b>	Margaret L Tobey		

**2. Contact**

<b>Name:</b>	NBC Telemundo License LLC	<b>Phone Number:</b>	202-524-6401
<b>Company:</b>		<b>Fax Number:</b>	202-524-6411
<b>Street:</b>	300 New Jersey Avenue, NW Suite 700	<b>E-Mail:</b>	margaret.tobey@nbcuni.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20001 -
<b>Attention:</b>		<b>Relationship:</b>	

(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 IB2018000417

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  
02/16/2018

7. City

8. Latitude  
(dd mm ss.s h) 0 0 0.0



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