APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E030084 STA Request (June 2018)

1. Applicant

Name: WXTV License Partnership, G.P. **Phone Number:** 310–348–3600

DBA Name: Fax Number:

Street: 5999 Center Drive E–Mail: cwood@univision.net

City: Los Angeles State: CA

Country: USA Zipcode: 90045 -

Attention: Christopher G Wood

2. Contact				
Name:	Ann West Bobeck	Phone Number:	2026625719	
Company:	Covington & Burling LLP	Fax Number:	2027785719	
Street:	One CityCenter	E–Mail:	abobeck@cov.com	
	850 Tenth Street, NW			
City:	Washngton	State:	DC	
Country:	USA	Zipcode:	20001 –	
Attention:		Relationship:	Legal Counsel	
application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain	r only one.) ber or Submission ID IB201800 d with this application? d attach FCC Form 159. If No, a ty Noncommercial education n):	2992 indicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
	CGX – Fixed Satellite Transmit/	Receive Earth Station		
5. Type Request O Use Prior to Grant O Change Station Location O Other				
6. Requested Use Prior 06/21/2018	Date			
7. CityTeaneck		8. Latitude (dd mm ss.s h)	0 0 0.0	

9. State NJ	10. Longitude (dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: Attachment 1 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.) See Exhibit 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 Christopher G. Wood	15. Title of Person Signing SVP ASSOC GEN COUN GOV AND REG AFF			
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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