

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Special Temporary Authority for Expired C-band earth stations Littleton, Co.

1. Applicant

Name:	Comcast Cable Communications Management, LLC	Phone Number:	215-286-7454
DBA Name:		Fax Number:	215-286-1022
Street:	One Comcast Center 1701 John F. Kennedy Boulevard	E-Mail:	sheila_smith@cable.comcast.com
City:	Philadelphia	State:	PA
Country:	USA	Zipcode:	19103 -2838
Attention:	Sheila Smith		

2. Contact

Name:	Catherine Fox	Phone Number:	215 286-8818
Company:	Comcast Cable Communications Management, LLC	Fax Number:	
Street:	One Comcast Center 1701 John F. Kennedy Boulevard	E-Mail:	Catherine_Fox@Comcast.com
City:	Philadelphia	State:	PA
Country:	USA	Zipcode:	19103 -2838
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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
09/06/2019

7. City Littleton	8. Latitude (dd mm ss.s h) 39 34 45.5 N
9. State CO	10. Longitude (dd mm ss.s h) 104 56 16.6 W
11. Please supply any need attachments. Attachment 1: STA Narrative Attachment 2: Radhaz Attachment 3: Coordination Notices	
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;">Special Temporary Authority per attached. Note all three earth station antennas will be filed on a single license application request.</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 Catherine Fox	15. Title of Person Signing Regulatory Counsel
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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