

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:  
STA HDX 1

1. Applicant

|            |                              |               |                     |
|------------|------------------------------|---------------|---------------------|
| Name:      | Harb Production Services LLC | Phone Number: | 865-368-4272        |
| DBA Name:  |                              | Fax Number:   |                     |
| Street:    | 8725 Inlet Drive             | E-Mail:       | danharb@comcast.net |
| City:      | Knoxville                    | State:        | TN                  |
| Country:   | USA                          | Zipcode:      | 37922               |
| Attention: | Mr Daniel J Harb             |               |                     |



File # SES-STA-20191004-01270  
Call Sign E182050 Grant Date 10-24-19  
(or other identifier)  
Term Dates  
From: 10-24-19 To: 10-23-19  
Approved: [Signature]

|                                                                                                                                                                                                                                                                                                            |                               |                                 |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|----------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                          |                               |                                 |                |
| <b>Name:</b>                                                                                                                                                                                                                                                                                               | Robert Adler                  | <b>Phone Number:</b>            | 8188809800     |
| <b>Company:</b>                                                                                                                                                                                                                                                                                            | Harb Production Services, LLC | <b>Fax Number:</b>              |                |
| <b>Street:</b>                                                                                                                                                                                                                                                                                             | 8725 Inlet Drive              | <b>E-Mail:</b>                  | bob@cmgnow.com |
| <b>City:</b>                                                                                                                                                                                                                                                                                               | Knoxville                     | <b>State:</b>                   | TN             |
| <b>Country:</b>                                                                                                                                                                                                                                                                                            | USA                           | <b>Zipcode:</b>                 | 37922 -        |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                          |                               | <b>Relationship:</b>            | Engineer       |
| (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 SESLIC2018101503565 or Submission ID                                                                                                                                                                                                                                              |                               |                                 |                |
| 4a. Is a fee submitted with this application?                                                                                                                                                                                                                                                              |                               |                                 |                |
| <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                               |                                 |                |
| 4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                             |                               |                                 |                |
| 5. Type Request                                                                                                                                                                                                                                                                                            |                               |                                 |                |
| <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other                                                                                                                                                                              |                               |                                 |                |
| 6. Requested Use Prior Date                                                                                                                                                                                                                                                                                |                               |                                 |                |
| 10/04/2019                                                                                                                                                                                                                                                                                                 |                               |                                 |                |
| 7. City                                                                                                                                                                                                                                                                                                    |                               | 8. Latitude                     |                |
|                                                                                                                                                                                                                                                                                                            |                               | (dd mm ss.s h)    0    0    0.0 |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 9. State                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10. Longitude<br>(dd mm ss.s h) 0 0 0.0        |
| 11. Please supply any need attachments.<br>Attachment 1:                                                                                                                                                                                                                                                                                                                                                                                   | Attachment 2:<br><br>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;"> <p>Awaiting granting of SES-LIC-20181015-03565 E182050. Use is Occasional sports and special events for broadcasters. Requesting KU STA prior to grant. Locations are CONUS. Most are sports venues.</p> </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. |                                                |
| 14. Name of Person Signing<br>Robert Adler                                                                                                                                                                                                                                                                                                                                                                                                 | 15. Title of Person Signing<br>VP transmission |
| <p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br/>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br/>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).</p>                                                                                                                                                 |                                                |

## **FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

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**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

Applicant: Harb Production Services LLC  
Call Sign: E182050  
File No.: SES-STA-20191004-01270  
Special Temporary Authority ("STA")



File # SES-STA-20191004-01270  
Call Sign E182050 Grant Date 10-24-19  
(or other identifier)  
Term Dates  
From: 10-24-19 To: 12-23-19  
Approved: [Signature]

Harb Production Services LLC ("Harb Production") is granted STA to operate Temporary-Fixed earth station for 60 days with a hybrid 2.4-m AVL Communications model 2400CK antenna on 5925-6425 MHz (Earth-to-space) and 3700-4200 MHz (space-to-Earth) and 14000-14500 MHz (Earth-to-space) and 11700-12200 MHz (space-to-Earth) frequency bands with the satellites at their permanent orbital location under the following conditions:

1. Operations with conventional C and Ku-band satellites: Galaxy 16 (S2687), Galaxy17 (S2715), Galaxy 19 (S2647), Galaxy 18 (S2733), SES-1 (S2807), SES-2 (S2826), SES-3 (S2892), AMC-15 (S2180), AMC-21 (S2676) (only with Ku-band frequency bands 14000-14500 MHz (Earth-to-space) and 11700-12200 MHz (space-to-Earth)), and Eutelsat 113 (S2695).
2. 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.
3. 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.
4. 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](http://www.fcc.gov/oet/rfsafety)) provides information on predicting exposure levels and on methods for ensuring compliance, including the use of warning and alert signs and protective equipment for workers.
5. Any action taken or expense incurred as a result of operations pursuant to this authority is solely at Harb Production's risk.
6. Grant of this authorization is without prejudice to any determination that the Commission may make regarding Harb Production's pending applications IBFS File No. SES-LIC-20181015-03565 or future applications.

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.