

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Pro Forma Assignment Prior Use STA

1. Applicant

Name:	TEGNA East Coast Broadcasting, LLC	Phone Number:	703-873-6606
DBA Name:		Fax Number:	
Street:	8350 Broad Street Suite 2000	E-Mail:	dbranson@tegn.com
City:	Tysons	State:	VA
Country:	USA	Zipcode:	22102 -
Attention:	Denise Branson		

2. Contact

Name:	Michael Beder	Phone Number:	7038736902
Company:	TEGNA Inc.	Fax Number:	
Street:	Associate General Counsel 8350 Broad Street, Suite 2000	E-Mail:	mbeder@tegna.com
City:	Tysons	State:	VA
Country:	USA	Zipcode:	22102 -
Attention:		Relationship:	Legal Counsel

(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 SESASG2021030500439 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

04/01/2021

7. CitySt. Petersburg

8. Latitude

(dd mm ss.s h) 0 0 0.0 N

9. State FL	10. Longitude (dd mm ss.s h) 0 0 0.0 W
11. Please supply any need attachments. Attachment 1: Prior Use STA 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Request to permit Applicant, the proposed assignee of the subject earth stations in connection with an internal corporate reorganization, to use the earth stations while Applicant's assignment application is pending.</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 Akin S. Harrison	15. Title of Person Signing Secretary
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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