

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E960096 STA

1. Applicant

Name:	All Mobile Video Inc	Phone Number:	212-727-1234
DBA Name:		Fax Number:	212-255-6644
Street:	221 W 26th St	E-Mail:	mcarberry@amvchelsea.com
City:	New York	State:	NY
Country:	USA	Zipcode:	10001 -
Attention:	Mike Carberry		

2. Contact

Name:	Michael Carberry	Phone Number:	212-727-1234
Company:	All Mobile Video	Fax Number:	
Street:	221 West 26th Street	E-Mail:	mcarberry@amvchelsea.com
City:	New York	State:	NY
Country:	USA	Zipcode:	10001 -
Attention:		Relationship:	Same

(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 SESRWL2006052200873 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 CGB – Mobile Satellite Earth Stations

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

06/21/2021

7. City New York

8. Latitude

(dd mm ss.s h) 0 0 0.0

9. State NY	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Request for 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: 5px 0;">See Attachment 1</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 Michael Carberry	15. Title of Person Signing Manager
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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