

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

TVNZ STA App – Bahamas

1. Applicant

Name:	Television New Zealand Ltd	Phone Number:	+64 9 916 7175
DBA Name:		Fax Number:	+64 9 916 7325
Street:	100 Victoria Street, PO Box 3819	E-Mail:	matt.gyde@tvnz.co.nz
City:	Auckland	State:	
Country:		Zipcode:	–
Attention:	Mr Matthew J Gyde		

2. Contact

Name:	Matt Gyde	Phone Number:	+64 9 916 7175
Company:	Television New Zealand Ltd	Fax Number:	
Street:	100 Victoria Street, PO Box 3819	E-Mail:	matt.gyde@tvnz.co.nz
City:	Auckland	State:	
Country:	New Zealand	Zipcode:	1140 -
Attention:	News Desk	Relationship:	Other

(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 CGB – Mobile Satellite Earth Stations

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

7. City

8. Latitude

(dd mm ss.s h) 23 4 27.0 N

9. State	10. Longitude (dd mm ss.s h) 74 56 4.0 W
11. Please supply any need attachments. Attachment 1: FCC 312 Completed Attachment 2: FCC 159 Completed Attachment 3: TVNZ Written Request	
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;">Television New Zealand would like to send an SNG - Satellite News Gathering uplink to Deans Blue Hole on Long Island in the Bahamas. This is to cover a World Record attempt free dive by a New Zealand diver. We would like to apply for Special Temporary Authority. We wish to send recorded and possibly some live video back to New Zealand via satellite.</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 Matthew Gyde	15. Title of Person Signing Traffic 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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