

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
FM TRANSMISSION FOR JULY 4 DC

**1. Applicant**

<b>Name:</b>	Maryland Sound International	<b>Phone Number:</b>	410-448-1400
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	4900 Wetheredsville Rd	<b>E-Mail:</b>	krum@msihc.com
<b>City:</b>	Baltimore	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	21207 -
<b>Attention:</b>	Benjamin Krumholz		

<b>2. Contact</b>			
<b>Name:</b>	Maryland Sound International	<b>Phone Number:</b>	410-448-1400
<b>Company:</b>		<b>Fax Number:</b>	
<b>Street:</b>	4900 Wetheredsville Rd	<b>E-Mail:</b>	krum@msihc.com
<b>City:</b>	Baltimore	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	21207    –
<b>Attention:</b>		<b>Relationship:</b>	
(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? <input 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). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input checked="" type="radio"/> Other(please explain):   Do not know Fee Shedule			
4b. Fee Classification   CGX – Fixed Satellite Transmit/Receive Earth Station			
5. Type Request  <div style="display: flex; justify-content: space-around;"> <span><input checked="" type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input type="radio"/> Other</span> </div>			
6. Requested Use Prior Date <div style="display: flex;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 10px;">07/01/2020</div> <div style="flex: 1; padding-left: 10px;"></div> </div>			

7. City Washington	8. Latitude (dd mm ss.s h) 38 53 25.79 N
9. State DC	10. Longitude (dd mm ss.s h) 77 1 59.75 W
11. Please supply any need attachments. Attachment 1: 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; min-height: 100px;"> Temporary FM Transmission at 5W for Fireworks Event </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing Benjamin Krumholz	15. Title of Person Signing Systems Engineer
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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