

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

All Elite Wrestling

**1. Applicant**

<b>Name:</b>	Multi-Link Holland	<b>Phone Number:</b>	+31356035382
<b>DBA Name:</b>		<b>Fax Number:</b>	+31356035142
<b>Street:</b>	Nijverheidsstraat 8C	<b>E-Mail:</b>	planning@multi-link.tv
<b>City:</b>	Nijkerk	<b>State:</b>	
<b>Country:</b>		<b>Zipcode:</b>	-
<b>Attention:</b>	Mr Marco J van Uffelen		

<b>2. Contact</b>	
<b>Name:</b> Marco van Uffelen	<b>Phone Number:</b> +31612588224
<b>Company:</b> Multi-Link Holland BV	<b>Fax Number:</b> +31356035142
<b>Street:</b> Nijverheidsstraat 8C	<b>E-Mail:</b> mvanuffelen@multi-link.tv
<b>City:</b> Nijkerk	<b>State:</b>
<b>Country:</b> Netherlands	<b>Zipcode:</b> 3862 -RJ
<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 SESSTA2020082700929 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).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<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 09/19/2020	
7. City Jacksonville	8. Latitude (dd mm ss.s h) 30 19 19.0 N

9. State FL	10. Longitude (dd mm ss.s h) 81 38 14.3 W
11. Please supply any need attachments. Attachment 1: 312 B STA Multilink                      Attachment 2: 1 Daily's Place Jack                      Attachment 3: 1 Daily's Place Jac	
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;">This is a request for SES-STA20200827-00929 extension to 180 days max. Plus Extension of extra Satellite position</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. <span style="float: right;"><input checked="" type="radio"/> Yes      <input type="radio"/> No</span>	
14. Name of Person Signing M. van Uffelen	15. Title of Person Signing 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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