## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Ford AMC

1. Applicant

Name: KLA Laboratories, Inc. Phone Number: 734–347–1882

DBA Name: Fax Number:

Street: 6800 E–Mail: sfoust@klalabs.com

City: Dearborn State: MI

Country: USA Zipcode: 48120 -

**Attention:** Steve J Foust

2. Contact				
Name:	Kirby Skidmore	Phone Number:	313-580-9327	
Company:	KLA Laboratories, Inc	Fax Number:		
Street:	6800 Chase Rd	E–Mail:	kskidmore@klalabs.com	
City:	Dearborn	State:	MI	
Country:	USA	Zipcode:	48120 –	
Attention:		Relationship:	Engineer	
application. Please enter 3. Reference File Num  4a. Is a fee submitte    If Yes, complete an   Governmental Entire	er only one.) ber or Submission ID  d with this application? d attach FCC Form 159. If No ty Noncommercial educat	, indicate reason for fee exemptio	e file number or the IB Submission ID of the related on (see 47 C.F.R.Section 1.1114).	
Other(please expla				
4b. Fee Classification	CGB – Mobile Satellite Earth S	Stations		
5. Type Request				
O Use Prior to Grant O Change Station Location Other				
6. Requested Use Prior	Date			
7. CityGlendale		8. Latitude (dd mm ss.s h)	42 22 46.46 N	

9. State MI	10. Longitude (dd mm ss.s h) 83 17 9.69			
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.)				
NULL				
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.				
14. Name of Person Signing Kirby Skidmore	15. Title of Person Signing RF 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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