

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

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

2. Contact

Name:	Marco van Uffelen	Phone Number:	+31612588224
Company:	Multi-Link Holland BV	Fax Number:	+31356035142
Street:	Nijverheidsstraat 8C	E-Mail:	mvanuffelen@multi-link.tv
City:	Nijkerk	State:	
Country:	Netherlands	Zipcode:	3862 -RJ
Attention:		Relationship:	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 SESSTA2020091501019 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 CGX - Fixed Satellite Transmit/Receive Earth Station

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

01/03/2021

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:	
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;">This is a request for SES-STA20200827-00929/ SES-STA 20200915-01019 extension to another 180 days max. for transmission of All Elite Wrestling in Jacksonville, FL Because of Covid, ALL Elite Wrestling will keep the show on the same location till it is safe again to move.</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 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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