

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Transfer of Control of 1 common carrier Earth Station to CapRock Holdings

1. Applicant

Name:	IWL COMMUNICATIONS INC DBA CAPROCK SERVICES CORP	Phone Number:	2814820289
DBA Name:		Fax Number:	2814829144
Street:	12000 Aerospace Avenue, Suite 300	E-Mail:	kbeuchaw@cprk.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77034 -
Attention:			

2. Contact

Name:	Ruth Pritchard–Kelly	Phone Number:	202–424–7500
Company:	Swidler Berlin Shereff Friedman	Fax Number:	202–295–8478
Street:	3000 K Street NW Suite 300	E–Mail:	RPKelly@Swidlaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20007 –5116
Contact Title:	Attorney	Relationship:	Legal Counsel

3. Reference File Number SEST/C2002031300325

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
03/14/2002

7. CityMaurice

8. Latitude
(dd mm ss.s h) 30 7 54.1 N

9. State LA	10. Longitude (dd mm ss.s h) 92 6 9.4 W
11. Please supply any need attachments. Attachment 1: 1ccSTA 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.) Please See Attached	
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 David R. Conn	15. Title of Person Signing Assistant Secretary
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).	