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File Number: SAT-STA-20171024-00143

Callsign:

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

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APPLICANT INFORMATION

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

VIASAT-2 IOT Testing at 69.9 W.L.

1. Applicant

Name:	ViaSat, Inc.	Phone Number:	760-476-4812
DBA Name:		Fax Number:	760-929-3941
Street:	6155 El Camino Real	E-Mail:	steven.hemple@viasat.com
City:	Carlsbad	State:	CA
Country:	USA	Zipcode:	92009 -
Attention:	Mr Steven C. Hemple		

2. Contact

Name:	ViaSat, Inc.	Phone Number:	760-476-2583
Company:		Fax Number:	760-929-3941
Street:	6155 El Camino Real	E-Mail:	steven.hemple@viasat.com
City:	Carlsbad	State:	CA
Country:	USA	Zipcode:	92009 -
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 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 CRY – Space Station (Geostationary)

5. Type Request

- Change Station Location Extend Expiration Date Other

6. Temporary Orbit Location

7. Requested Extended Expiration Date

8. 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.)

STA for in-orbit testing at 69.9 W.L. See Attachment A.

9. 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. Yes No

10. Name of Person Signing
Steven C. Hemple

11. Title of Person Signing
Regulatory Engineer

12. Please supply any need attachments.

Attachment 1: STA_Description

Attachment 2:

Attachment 3:

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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