

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA – Monrovia, MD Temporary Earth Station

1. Applicant

Name:	AT&T CORP	Phone Number:	404-810-4021
DBA Name:		Fax Number:	404-810-7349
Street:	1200 PEACHTREE STREET LL007	E-Mail:	pcheeks@att.com
City:	ATLANTA	State:	GA
Country:	USA	Zipcode:	30309 –
Attention:	PAMELA D CHEEKS		

2. Contact

Name:	PAMELA D. CHEEKS	Phone Number:	404-810-4021
Company:	AT&T CORP.	Fax Number:	404-810-7349
Street:	1200 PEACHTREE STREET LOCN. LL007	E-Mail:	pcheeks@att.com
City:	ATLANTA	State:	GA
Country:	USA	Zipcode:	30309 -
Contact Title:	TECHNICAL STAFF MEMBER	Relationship:	Other

3. Reference File Number

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
04/28/2003

7. City Monrovia

8. Latitude
(dd mm ss.s h) 39 20 50.0 N

9. State MD	10. Longitude (dd mm ss.s h) 77 16 51.0 W
11. Please supply any need attachments. Attachment 1: LETTER Attachment 2: RAD HAZ 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: 10px; margin: 10px 0;">PROVIDE VOICE AND DATA COMMUNICATIONS SO THE U.S. TROOPS STATIONED IN IRAQ WILL HAVE OPPORTUNITIES TO TELEPHONE HOME.</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 ROBERT JACKSON	15. Title of Person Signing DISTRICT MANAGER
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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