APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA – Monrovia, MD Temporary Earth Station

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Ι.	A	DI	oli	ca	nt

Name: AT&T CORP **Phone Number:** 404–810–4021

DBA Name: Fax Number: 404–810–7349

Street: 1200 PEACHTREE STREET **E-Mail:** pcheeks@att.com

LL007

City: ATLANTA State: GA

Country: USA Zipcode: 30309 -

Attention: PAMELA D CHEEKS

2. Contact					
Name:	PAMELA D. CHEEKS	Phone Number:	404-810-4021		
Compan	y: AT&T CORP.	Fax Number:	404-810-7349		
Street:	1200 PEACHTREE STREET	E-Mail:	pcheeks@att.com		
	LOCN. LL007				
City:	ATLANTA	State:	GA		
Country	: USA	Zipcode:	30309 –		
Contact Title:	TECHNICAL STAFF MEMBER	Relationship:	Other		
	itted with this application?				
	and attach FCC Form 159. If No, ind		tion (see 47 C.F.R.Section 1.1114).		
-	Entity Noncommercial educational	licensee			
Other(please ex	plain):				
4b. Fee Classificatio	n CGX – Fixed Satellite Transmit/Rec	ceive Earth Station			
5. Type Request					
O Use Prior to Grant O Change Station Location O Other					
6. Requested Use Pr 04/28/2003	ior Date				
7. CityMonrovia		8. Latitude (dd mm ss.s h	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 H	AZ 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.)						
PROVIDE VOICE AND DATA COMMUNICATIONS SO THE U.S. TROOPS STATIONED IN IRAQ WILL HAVE OPPORTUNITIES TO TELEPHONE HOME.						
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 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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