APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: iDirect – Ku–band VSAT Network STA Application

1. Applicant						
Nar	ne:	iDirect, Inc.	Phone Number:	703-648-8106		
DB	DBA Name:		Fax Number:	703–648–8014		
Stre	eet:	10803 Parkridge Blvd	E-Mail:	dcarpenter@idirect.net		
City	:	Reston	State:	VA		
Cou	intry:	USA	Zipcode:	20191 –		
Atte	ention:	Mr David Carpenter				

2. Contact							
	Name:	Leslie Taylor	Phone Number:	301-229-9410			
	Company:	Leslie Taylor Associates, Inc.	Fax Number:	301–229–3148			
	Street:	6800 Carlynn Court	E–Mail:	ltaylor@lta.com			
	City:	Bethesda	State:	MD			
	Country:	USA	Zipcode:	20817 -4302			
	Contact Title:		Relationship:	Legal Counsel			
	THC.						
3. Referen	3. Reference File Number SESLIC2003041500466						
	fee submitted	with this application?					
	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).						
1 -							
	(please explain						
Ľ							
4b. Fee Cl	lassification	CGV – Fixed Satellite VSAT Syste	em				
5. Type Re	equest						
Use Prior to Grant Change Station Location Other							
	ted Use Prior 1 24/2003	Date					
7. CityRes	ston		8. Latitu				
			(dd mm	ss.s h) 38 56 40.0 N			

9. State VA		10. Longitude (dd mm ss.s h) 77 19 0.0 W				
11. Please supply	any need attachments.	1				
Attachment 1: A	Attachment 2:	Attachment 3:				
12. Description.	(If the complete description does not appear in this be	ox, please go to the end of the form to view it in its entirety.)				
NULL	NULL					
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 Perso		15. Title of Person Signing				
David Carpenter		Director of Implementation				
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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