

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
90 Day STA Extension for Wahiawa C-band to 08/08/03

**1. Applicant**

|                   |                                  |                      |                         |
|-------------------|----------------------------------|----------------------|-------------------------|
| <b>Name:</b>      | Arrowhead Global Solutions, Inc. | <b>Phone Number:</b> | 703-883-4040            |
| <b>DBA Name:</b>  |                                  | <b>Fax Number:</b>   | 703-883-4041            |
| <b>Street:</b>    | 1501 Farm Credit Drive           | <b>E-Mail:</b>       | peter.browne@ags-inc.us |
| <b>City:</b>      | McLean                           | <b>State:</b>        | VA                      |
| <b>Country:</b>   | USA                              | <b>Zipcode:</b>      | 22102 -                 |
| <b>Attention:</b> | Peter Browne                     |                      |                         |

**2. Contact**

|                       |                        |                      |                         |
|-----------------------|------------------------|----------------------|-------------------------|
| <b>Name:</b>          | Peter Browne           | <b>Phone Number:</b> | 703 883-3512            |
| <b>Company:</b>       | Arrowhead GSI          | <b>Fax Number:</b>   | 703 883-3512            |
| <b>Street:</b>        | 1501 Farm Credit Drive | <b>E-Mail:</b>       | peter.browne@ags-inc.us |
| <b>City:</b>          | McLean                 | <b>State:</b>        | VA                      |
| <b>Country:</b>       | USA                    | <b>Zipcode:</b>      | 22102 -                 |
| <b>Contact Title:</b> | Deputy Program Manager | <b>Relationship:</b> | Same                    |

3. Reference File Number SESSTA2003021100152

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  
05/09/2003

7. CityWahiawa

8. Latitude  
(dd mm ss.s h) 21 31 15.2 N

|  |  |
|--|--|
| 9. State HI  | 10. Longitude<br>(dd mm ss.s h) 157 59 41.6 W  |
| 11. Please supply any need attachments.<br>Attachment 1: Comsearch                      Attachment 2: Cover Ltr                      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.)<br><div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Arrowhead GS Inc requests an STA extension for testing two C-band antennas</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<br>Steve Weyman   | 15. Title of Person Signing<br>Program Manager |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).  |  |

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