## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension Request for Northwest

1. Applicant

Name: Arrowhead Global Solutions, Inc. Phone Number: 703–883–4040

**DBA Name:** Fax Number: 703–883–4041

Street: 1501 Farm Credit Drive E-Mail: peter.browne@ags-inc.us

City: McLean State: VA

Country: USA Zipcode: 22102 –

**Attention:** Peter Browne

2. Contac	et				
	Name:	Peter Browne	Phone Number:	703 883 3512	
	Company:	Arrowhead GSI	Fax Number:	703 883 4041	
	Street:	1501 Farm Credit Drive	E–Mail:	peter.browne@ags-inc.us	
	City:	McLean	State:	VA	
	Country:	USA	Zipcode:	22102 –	
	Contact Title:	Deputy Program Manager	Relationship:	Same	
4a. Is a  If Yes  Gove	a fee submitted s, complete and rnmental Entit	y Noncommercial education		tion (see 47 C.F.R.Section 1.1114).	
O Other	(please explai	n):			
4b. Fee C	lassification	CGX – Fixed Satellite Transmit/	Receive Earth Station		
5. Type R	equest				
● Use l	Prior to Grant	O Cha	nge Station Location	O Other	
	sted Use Prior 1 09/2003	Date			
7. CityChesapeake			8. Latitude (dd mm ss.s h	8. Latitude (dd mm ss.s h) 36 33 34.7 N	

9. State VA	10. Longitude (dd mm ss.s h) 76 16 4.6 W						
11. Please supply any need attachments.							
Attachment 1: Cover Ltr Attachment 2: NW C	Attachment 3: NW K						
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.)  This is a request to extend the referenced STA							
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 Steve Weyman	15. Title of Person Signing Project 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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