

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA FOR THE 1.5 SATCOM STATION APPLICATION

**1. Applicant**

<b>Name:</b>	Northrop Grumman Systems Corporation	<b>Phone Number:</b>	202-508-9519
<b>DBA Name:</b>		<b>Fax Number:</b>	202-371-9700
<b>Street:</b>	1299 Pennsylvania Avenue, N.W., 10th Floor	<b>E-Mail:</b>	davidsiddall@paulhastings.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20004 -
<b>Attention:</b>	David R Siddall		

<b>2. Contact</b>			
<b>Name:</b>	David R. Siddall	<b>Phone Number:</b>	202-508-9519
<b>Company:</b>	Paul, Hastings, Janofsky & Walker LLP	<b>Fax Number:</b>	202-371-9700
<b>Street:</b>	1299 Pennsylvania Avenue, N.W. 10th Floor	<b>E-Mail:</b>	davidsiddall@paulhastings.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20004 –
<b>Contact Title:</b>	Of Counsel	<b>Relationship:</b>	Legal Counsel
<b>3. Reference File Number</b> SESLIC2003050800613			
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other (please explain):			
<b>4b. Fee Classification</b> CGX – Fixed Satellite Transmit/Receive Earth Station			
<b>5. Type Request</b>			
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other			
<b>6. Requested Use Prior Date</b> 06/01/2003			
<b>7. City</b> CONUS		<b>8. Latitude</b> (dd mm ss.s h) 0 0 0.0	

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Exhibit A                      Attachment 2:                      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; min-height: 100px;"> SEE Exhibit A - Request for Special Temporary Authority </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes                      <input type="radio"/> No </div>	
14. Name of Person Signing John H. Mullan	15. Title of Person Signing Corporate Vice President and Secretary
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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