APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension – 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 Numb	er: 404-810-4021		
Company:	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		
3. Reference File Number SESSTA2003041600486 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 05/28/2003	Date				
7. CityMonrovia			8. Latitude (dd mm ss.s h) 39 20 50.0 N		

9. State MD	10 I anathrida					
9. State MD	10. Longitude (dd mm ss.s h) 77 16 51.0 W					
	(dd iiiii ss.s ii) // 10 31.0 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 FOR THE U.S. TROOPS STATIONED IN IRAQ.						
 13. By checking Yes, the undersigned certifies that neither applicant nor	any other party to the application is Yes No					
subject to a denial of Federal benefits that includes FCC benefits pursua						
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	15. Title of Person Signing					
ROBERT JACKSON	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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