

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
SKYLink Carlsbad Hub

**1. Applicant**

<b>Name:</b>	ViaSat, Inc.	<b>Phone Number:</b>	760-476-2583
<b>DBA Name:</b>		<b>Fax Number:</b>	760-929-3941
<b>Street:</b>	6155 El Camino Real	<b>E-Mail:</b>	daryl.hunter@viasat.com
<b>City:</b>	Carlsbad	<b>State:</b>	CA
<b>Country:</b>	USA	<b>Zipcode:</b>	92009 -
<b>Attention:</b>	Mr Daryl T Hunter		

**2. Contact**

<b>Name:</b>	Daryl T. Hunter	<b>Phone Number:</b>	760-476-2583
<b>Company:</b>	ViaSat, Inc.	<b>Fax Number:</b>	760-929-3941
<b>Street:</b>	6155 El Camino Real	<b>E-Mail:</b>	daryl.hunter@viasat.com
<b>City:</b>	Carlsbad	<b>State:</b>	CA
<b>Country:</b>	USA	<b>Zipcode:</b>	92009 -
<b>Contact Title:</b>	Director, Network Operations	<b>Relationship:</b>	Engineer

**3. Reference File Number**

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  
07/11/2003

7. City Carlsbad

8. Latitude  
(dd mm ss.s h) 33 7 35.0 N

9. State CA	10. Longitude (dd mm ss.s h) 117 16 4.0 W
11. Please supply any need attachments. Attachment 1: 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: 5px; margin: 10px 0;">A STA is requested to allow operation of the referenced earth station while the license application is being processed. The application is for a compliant Ku-band antenna operating with a U.S. satellite and is expected to be routinely processed.</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. <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	
14. Name of Person Signing Gregory D. Monahan	15. Title of Person Signing Vice President – Administration
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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