

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Camp Roberts STA extension request 6/4/2003

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. Contact

Name:	Peter Browne	Phone Number:	703 883 4040
Company:	Arrowhead Global Systems Inc	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 PM	Relationship:	Same

3. Reference File Number SESSTA2003021100415

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
06/05/2003

7. CityCamp Roberts

8. Latitude
(dd mm ss.s h) 35 44 25.3 N

9. State CA	10. Longitude (dd mm ss.s h) 120 45 27.4 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.) Request a 60 day STA extension for this KuBand government site for testing	
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 IN Peter Browne	15. Title of Person Signing Deputy PM
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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