

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E990402 STA Extension

1. Applicant

Name:	Globecomm Systems, Inc.	Phone Number:	631-231-9800
DBA Name:		Fax Number:	631-231-1557
Street:	45 Oser Avenue	E-Mail:	gjohnstonsr@globecommsystems.com
City:	Hauppauge	State:	NY
Country:	USA	Zipcode:	11788 -3816
Attention:	Mr Gerry Johnston Sr		

2. Contact

Name:	Jason Roberts, Esq.	Phone Number:	202-728-0400
Company:	Irwin, Campbell & Tannenwald, PC	Fax Number:	202-728-0354
Street:	1730 Rhode Island Ave., NW Suite 200	E-Mail:	jroberts@ictpc.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -3101
Contact Title:		Relationship:	Legal Counsel

3. Reference File Number SESMOD2000042000658

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
06/13/2003

7. CityHauppauge

8. Latitude
(dd mm ss.s h) 40 48 54.1 N

9. State NY	10. Longitude (dd mm ss.s h) 73 14 17.8 W
11. Please supply any need attachments. Attachment 1: Narrative 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; margin: 10px 0;">See Attachment 1</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. <input checked="checked" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Kenneth Miller	15. Title of Person Signing President
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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