APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension for Wahiawa, HI

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 Numbe	••• 703 883–4040				
	Company:	Arrowhead Global Solutions, 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	Deputy Program Manager	Relationship:	Same				
	Title:							
3. Reference File Number SESSTA2003060300728								
	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).							
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4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
5. Type Request								
• Use F	Use Prior to Grant O Change Station Location O Other							
	ted Use Prior I 01/2003	Date						
7. CityWa	hiawa			titude				
			(dd r	nm ss.s h) 12 31 15.2 N				

9. State HI	10. Longitude (dd mm ss.s h) 157 59 41.6 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.)						
STA Extension Request-License Application Filed						
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.						
14. Name of Person Signing Peter Browne	15. Title of Person Signing Deputy Program 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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