

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
8/7/03 Request for STA – E020260 Conventional Ku Band

1. Applicant

Name:

Phone Number:

DBA Name:

Fax Number:

Street:

E-Mail:

City:

State:

Country:

Zipcode:

–

Attention:

2. Contact

Name:	Dr. Louis A Bransford	Phone Number:	703-998-1703
Company:	Esatel Communications Inc	Fax Number:	703-998-8480
Street:	4900 Seminary Road Suite 1120	E-Mail:	
City:	Alexandria	State:	VA
Country:	USA	Zipcode:	-
Contact Title:	CEO	Relationship:	Same

3. Reference File Number SESLIC2002092001635

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

7. City

8. Latitude
(dd mm ss.s h)

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