APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension Request for Camp Roberts 8/27/2003

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. Contac	ct				
	Name:	Peter Browne	Phone Number:	703 738 3512	
	Company:	Arrowhead GSI	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 Program Manager	Relationship:	Same	
4a. Is a fixed of the second o	a fee submitted s, complete and	y Noncommercial education		tion (see 47 C.F.R.Section 1.1114).	
		CGX – Fixed Satellite Transmit/	Receive Earth Station		
5. Type R	Request				
• Use	Prior to Grant	O Cha	nge Station Location	Other	
	sted Use Prior 1/04/2003	Date			
7. CityCa	mp Roberts		8. Latitude (dd mm ss.s h	8. Latitude (dd mm ss.s h) 35 44 25.3 S	

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.)						
This is an STA extension request for Camp Roberts, CA under the SESSTA2003072101005 The						
license application is on file. SESLIC20030716-00983. This earth ststion is under the						
control of the US Army.						
<u> </u>						
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	15. Title of Person Signing					
Peter Browne	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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