

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA Extension

1. Applicant

| | | | |
|-------------------|-------------------|----------------------|---------------------|
| Name: | AvL Technologies | Phone Number: | 828-250-9950 |
| DBA Name: | | Fax Number: | 828-250-9938 |
| Street: | 130 Roberts St. | E-Mail: | joliver@avltech.com |
| City: | Asheville | State: | NC |
| Country: | USA | Zipcode: | 28801 - |
| Attention: | Mr James L Oliver | | |

2. Contact

| | | | |
|-----------------------|--------------------|----------------------|------------------------|
| Name: | John W. Whetstone | Phone Number: | 207-667-7079 |
| Company: | JW Communications | Fax Number: | |
| Street: | P.O. Box 671 | E-Mail: | jwhetstone@avltech.com |
| City: | Ellsworth | State: | ME |
| Country: | USA | Zipcode: | 04605 -0671 |
| Contact Title: | Principal Engineer | Relationship: | Engineer |

3. Reference File Number SESLIC2003060200727

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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
09/08/2003

7. City Asheville

8. Latitude
(dd mm ss.s h) 35 35 12.0 N

| | |
|--|--|
| 9. State NC | 10. Longitude (dd mm ss.s h) 82 33 58.0 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.) <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <p>Requesting 30 day extension of STA File No. SES-STA-20030618-00862 previously granted to allow AvL Technologies to test a perform demonstrations for prospective customers.</p> </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="" type="radio"/> Yes <input type="radio"/> No | |
| 14. Name of Person Signing James L. Oliver | 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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