APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Transportable STA for GM

Name:	AT&T CORP	Phone Number:	404-810-4021
DBA Name :	:	Fax Number:	404-810-7349
Street:	1200 PEACHTREE STREET	E-Mail:	pcheeks@att.com
	LL007		
City:	ATLANTA	State:	GA
Country:	USA	Zipcode:	30309 –
Attention:	PAMELA D CHEEKS		

2. Contact							
	Name:	PAMELA D. CHEEKS	Phone Numb	ber:	404-810-4021		
	Company:	AT&T CORP.	Fax Number	:	404-810-7349		
	Street:	1200 PEACHTREE STREET	E-Mail:		pcheeks@att.com		
		LL007					
	City:	ATLANTA	State:		GA		
	Country:	USA	Zipcode:		30309 –		
	Contact Title:	TECHNICAL STAFF MEMBER	Relationship	:			
3. Reference File Number SESLIC2003090201201							
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							
	ed Use Prior I	Date					
	5/2003						
7. CityVAI	RIOUS			Latitude l mm ss.s h) 0 0 (0.0 N		

9. State	10. Longitude(dd mm ss.s h)00.0W						
11. Please supply any need attachments.							
Attachment 1: LETTER Attachment 2: RAD H.	AZ 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.)							
PROVIDE IMMEDIATE VOICE AND DATA SERVICES FOR	THE DEPARTMENT OF HOMELAND SECURITY.						
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 ROBERT JACKSON	15. Title of Person Signing DISTRICT MANGER						
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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