APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Application for STA for Earth Station

1. Applicant

Name: Satcom Systems Incorporated Phone Number: 818–526–1700

DBA Name: Fax Number: 818–526–1715

Street: 2801 West Empire Avenue E–Mail: coulterw@coudert.com

City: Burbank State: CA

Country: USA Zipcode: 91504 -

Attention: Mr John Jacob

2. Contact				
Name:	William K. Coulter	Phone Number:	202-775-5100	
Company	y: Coudert Brothers LLP	Fax Number:	202-775-1168	
Street:	1627 I Street, N.W.	E–Mail:	coulterw@coudert.com	
	Suite 1200			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20006 –	
Contact Title:	Counsel	Relationship:	Legal Counsel	
If Yes, complete	tted with this application? and attach FCC Form 159. If Nontity Noncommercial educations		on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	n CGS – Fixed Satellite Small To	ransmit/Receive Earth Station		
5. Type Request Use Prior to Gra	ant O C	hange Station Location	Other	
6. Requested Use Pri 10/01/2003	or Date			
7. CityContinental U	.S.	8. Latitude (dd mm ss.s h)		

	T				
9. State	10. Longitude				
	(dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: STA Req. Attachment 2: Attach	2 Attachment 3: Attach 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.)					
Special Temporary Authority to allow Satcom to test .96 meter antenna for wildfire					
communications service to U.S. Forest Service.					
13. By checking Yes, the undersigned certifies that neither applicant no	r any other party to the application is Yes No				
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.					
	Transaction of the second of t				
14. Name of Person Signing John Jacob	15. Title of Person Signing				
	Director, Response Services				
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).					
(0.5. Code, The 47, Section 312(a)(1)), AND/OR PORTERIORE (0.5. Code, The 47, Section 303).					

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