

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA – BAF2

**1. Applicant**

<b>Name:</b>	TeleCommunication Systems	<b>Phone Number:</b>	410-263-7616
<b>DBA Name:</b>		<b>Fax Number:</b>	410-280-1048
<b>Street:</b>	275 West Street Suite 400	<b>E-Mail:</b>	
<b>City:</b>	Annapolis	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	21401 –
<b>Attention:</b>	Bruce White		

<b>2. Contact</b>	
<b>Name:</b> Amy Gwinn	<b>Phone Number:</b> 410.295.1939
<b>Company:</b> TeleCommunication Systems	<b>Fax Number:</b> 410.295.1450
<b>Street:</b> 275 West Street Suite 300	<b>E-Mail:</b> gwinna@telecomsys.com
<b>City:</b> Annapolis	<b>State:</b> MD
<b>Country:</b> USA	<b>Zipcode:</b> 21401 -
<b>Contact Title:</b> Program Manager	<b>Relationship:</b> Other
3. Reference File Number SESLICINTR200302002	
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other(please explain):	
4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request  <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 11/01/2003	
7. CityBaltimore	8. Latitude (dd mm ss.s h) 39 15 4.0 N

9. State MD	10. Longitude (dd mm ss.s h) 76 34 2.0 E
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: 5px; margin: 5px 0;">STA is requested to facilitate testing for a customer that requires service as soon as license is granted.</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. <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	
14. Name of Person Signing James H. Hall	15. Title of Person Signing Director, Network Solutions
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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