

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant

Name:	Northrop Grumman Information Technology, Inc.	Phone Number:	202-508-9519
DBA Name:		Fax Number:	202-508-8519
Street:	1299 Pennsylvania Avenue, NW, 10th Floor	E-Mail:	davidsiddall@paulhastings.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -
Attention:	David R Siddall		

2. Contact			
Name:	David R. Siddall	Phone Number:	202-508-9519
Company:	Paul, Hastings, Janofsky & Walker LLP	Fax Number:	202-508-8519
Street:	1299 Pennsylvania Avenue, NW 10th Floor	E-Mail:	davidsiddall@paulhasting.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	-
Contact Title:	Of Counsel	Relationship:	Legal Counsel
3. Reference File Number SESLIC2003091901304			
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 11/03/2003			
7. City Ft. Monmouth		8. Latitude (dd mm ss.s h) 40 19 11.4 N	

9. State NJ	10. Longitude (dd mm ss.s h) 74 2 7.2 W
11. Please supply any need attachments. Attachment 1: Exhibit A 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: 10px 0;">See the attached Request Extension for STA. Northrop Grumman Information Technology, Inc. respectfully requests the Commission to grant an extension to its grant of STA (SES-STA-20031002-01361)</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 John H. Mullan	15. Title of Person Signing Corporate V.P. and Secretary
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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