

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Earth Station to Support Testing

1. Applicant

Name:	The Boeing Company	Phone Number:	206-655-5399
DBA Name:		Fax Number:	206-655-5296
Street:	P.O. Box 3707 MC 14-07	E-Mail:	craig.holman@boeing.com
City:	Seattle	State:	WA
Country:	USA	Zipcode:	98124 -2207
Attention:	Mr Craig Holman		

2. Contact	
Name: Philip Malet Company: Steptoe & Johnson Street: 1330 Connecticut Ave., NW City: Washington Country: USA Contact Title:	Phone Number: 202-429-3000 Fax Number: 202-429-3902 E-Mail: pmalet@steptoe.com State: DC Zipcode: 20036 – Relationship: Legal Counsel
3. Reference File Number	
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 type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other	
6. Requested Use Prior Date 10/22/2003	
7. City Kent	8. Latitude (dd mm ss.s h) 47 25 8.0 N

9. State WA	10. Longitude (dd mm ss.s h) 122 15 10.0 W
11. Please supply any need attachments. Attachment 1: Narrative 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.) See attached narrative request.	
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 R. Craig Holman	15. Title of Person Signing Counsel
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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