

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Lookingglass Transportable STA for GM

1. Applicant

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

2. Contact	
Name: PAMELA D. CHEEKS Company: AT&T CORP. Street: 1200 PEACHTREE STREET LL007 City: ATLANTA Country: USA Contact Title: TECHNICAL STAFF MEMBER	Phone Number: 404-810-4021 Fax Number: 404-810-7349 E-Mail: pcheeks@att.com State: GA Zipcode: 30309 – Relationship:
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 <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other </div>	
6. Requested Use Prior Date 11/03/2003	
7. City VARIOUS	8. Latitude (dd mm ss.s h) 0 0 0.0 N

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0 W
11. Please supply any need attachments. Attachment 1: RADHAZ Attachment 2: STA JUSTIF 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;"> PROVIDE IMMEDIATE VOICE AND DATA SERVICES FOR THE UNITED STATES STRATEGIC COMMAND'S LOOKINGGLASS AIRBORNE COMMAND POST. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing JOE E. WATSON	15. Title of Person Signing DIVISION 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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