APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 2/2004 Extension of E990402 STA

Name:	Globecomm Systems, Inc.	Phone Number:	631-231-9800
DBA Name:		Fax Number:	631-951-2761
Street:	45 Oser Avenue	E–Mail:	gjohnstonsr@globecommsystems. c
City:	Hauppauge	State:	NY
Country:	USA	Zipcode:	11788 –3816
Attention:	Gerald Johnston, Sr.		

2. Contact						
Name:	Jason S. Roberts	Phone Num	ber: 202–728–0400			
Company:	Irwin, Campbell & Tannenwald, P. C.	Fax Number	r: 202–728–0354			
Street:	1730 Rhode Island Ave., NW	E-Mail:	jroberts@ictpc.com			
	Suite 200					
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20036 -3101			
Contact		Relationship	p: Legal Counsel			
Title:						
3. Reference File Number SESMOD2000042000658						
4a. Is a fee submitted with this application?If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).						
Governmental Entity O Noncommercial educational licensee						
O Other(please explain):						
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4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request						
Use Prior to Grant O Change Station Location O Other						
×	V °		× v			
6. Requested Use Prior I	Data					
02/01/2004	Juic					
7. CityHauppauge			Latitude			
		(de	d mm ss.s h) 40 48 54.1 N			

9. State NY	10. Longitude (dd mm ss.s h) 73 14 17.8 W						
11. Please supply any need attachments.							
Attachment 1: Public IntAttachment 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 Attachment 1 13. By checking Yes, the undersigned certifies that neither applicant nor subject to a denial of Federal benefits that includes FCC benefits pursua							
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.							
14. Name of Person Signing Kenneth Miller	15. Title of Person Signing President						
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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