

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA to add 1.2 meter AVL antenna for communications w/Horizons 1.

1. Applicant

| | | | |
|-------------------|---|----------------------|----------------------|
| Name: | BT Americas Inc. | Phone Number: | 703-755-6733 |
| DBA Name: | | Fax Number: | 703-755-6740 |
| Street: | 11440 Commerce Park Drive Suite 5041 | E-Mail: | linda.cicco@btna.com |
| City: | Reston | State: | VA |
| Country: | USA | Zipcode: | 20191 - |
| Attention: | Ms Linda J Cicco | | |

2. Contact

| | | | |
|-----------------------|-----------------------------------|----------------------|----------------------|
| Name: | Linda J. Cicco | Phone Number: | 571-203-6816 |
| Company: | BT Americas Inc. | Fax Number: | 571-203-6889 |
| Street: | 11911 Freedom Drive 11th Floor | E-Mail: | linda.cicco@btna.com |
| City: | Reston | State: | VA |
| Country: | USA | Zipcode: | 20190 - |
| Contact Title: | Regulatory Compliance Manager | Relationship: | Same |

3. Reference File Number SESLIC2003031400343

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 Noncommercial educational licensee
 Other(please explain):

4b. Fee Classification CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
03/15/2004

7. CityCONUS

8. Latitude
(dd mm ss.s h) 0 0 0.0

| | |
|---|--|
| 9. State | 10. Longitude (dd mm ss.s h) 0 0 0.0 |
| 11. Please supply any need attachments. Attachment 1: Attachment 2: Schedule B Attachment 3: RAD HAZ STUDY | |
| 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;">Applicant requests authority for immediate operations of facilities requested in underlying modification of license application to VSAT License E030053 in order to meet customer demands for testing and demonstration purposes locally and at the NAB in Las Vegas, Nevada.</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 A. Sheba Chacko | 15. Title of Person Signing Asst. 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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