

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Globalstar, L.P. STA -- March 2004

1. Applicant

Name:	Globalstar, L.P.	Phone Number:	408-933-4401
DBA Name:		Fax Number:	408-933-4950
Street:	3200 Zanker Road Bldg 260	E-Mail:	
City:	San Jose	State:	CA
Country:	USA	Zipcode:	95134 -1950
Attention:	William F. Adler		

2. Contact

Name:	William D. Wallace	Phone Number:	202-624-2807
Company:	Crowell & Moring LLP	Fax Number:	202-628-5116
Street:	1001 Pennsylvania Avenue, N.W.	E-Mail:	wwallace@crowell.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -2595
Contact Title:	Partner	Relationship:	Legal Counsel

3. Reference File Number

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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant
- Change Station Location
- Other

6. Requested Use Prior Date

7. City Brewster

8. Latitude
(dd mm ss.s h) 48 8 45.0 N

9. State WA	10. Longitude (dd mm ss.s h) 119 42 0.0 W
11. Please supply any need attachments. Attachment 1: Exhibit 1 Attachment 2: Exhibit 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: 5px; margin: 5px 0;">Globalstar, L.P. is requesting special temporary authority to use the Brewster, Washington, earth station facilities. See Exhibits 1 and 2.</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 William F. Adler	15. Title of Person Signing Vice President -- Legal and Regulatory Affairs
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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