

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
CK-8 D3 STA to 91 W

1. Applicant

Name:	PanAmSat Licensee Corp.	Phone Number:	202-292-4300
DBA Name:		Fax Number:	202-292-4378
Street:	1801 K Street, N.W. Suite 440	E-Mail:	
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	Mr Kalpak S Gude Esq		

2. Contact

Name:	Joseph A. Godles, Esq.	Phone Number:	202-429-4900
Company:	Goldberg Godles Wiener & Wright	Fax Number:	202-429-4912
Street:	1229 19th Street, NW	E-Mail:	jgodles@g2w2.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -2413
Contact Title:	Attorney	Relationship:	Legal Counsel

3. Reference File Number SESMOD2003100701375

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 Castle Rock

8. Latitude
(dd mm ss.s h) 39 16 35.0 N

9. State CO	10. Longitude (dd mm ss.s h) 104 48 23.9 W
11. Please supply any need attachments. Attachment 1: STA 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.) Special Temporary Authority (STA) requested in accordance with attached description.	
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 Kalpak Gude	15. Title of Person Signing Associate General 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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