

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Application for Red Hawk

1. Applicant

Name:	IWL COMMUNICATIONS INC DBA CAPROCK SERVICES CORP	Phone Number:	832-668-2300
DBA Name:		Fax Number:	832-668-2780
Street:	4400 S. Sam Houston Parkway Ea	E-Mail:	jmcdonald@cprk.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77048 -
Attention:	Jill McDonald		

2. Contact

Name:	Jill McDonald	Phone Number:	832-668-2300
Company:	IWL Communications, Inc. DBA Caprock Services Corp.	Fax Number:	832-668-2780
Street:	4400 S. Sam Houston Parkway Ea	E-Mail:	jmcDonald@cprk.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77048 -
Contact Title:	Vice President	Relationship:	

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**

10/04/2004

7. CityGulf of Mexico**8. Latitude**

(dd mm ss.s h) 27 7 12.5 N

9. State	10. Longitude (dd mm ss.s h) 91 57 30.6 W
11. Please supply any need attachments. Attachment 1: Justification 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">See Attached Justification.</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 Kathy Anderson	15. Title of Person Signing Company Representative
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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