

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 Gunnison Spar

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 18 19.0 N

9. State	10. Longitude (dd mm ss.s h) 93 32 20.0 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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