

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for E020003 modification

1. Applicant

Name:	Globecomm Systems, Inc.	Phone Number:	631-231-9800
DBA Name:		Fax Number:	631-231-1557
Street:	45 Oser Avenue	E-Mail:	GJohnstonSr@globecommsystems .c
City:	Hauppauge	State:	NY
Country:	USA	Zipcode:	11788 -3816
Attention:	Mr. Gerry Johnston, Sr.		

2. Contact

Name:	Michelle A. McClure	Phone Number:	202-728-0400
Company:	Irwin, Campbell & Tannenwald, P. C.	Fax Number:	202-728-0400
Street:	1730 Rhode Island Ave., N.W. Suite 200	E-Mail:	mmcclure@ictpc.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -3101
Contact Title:		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**

10/19/2004

7. City/Hauptpage**8. Latitude**

(dd mm ss.s h) 40 48 55.3 N

9. State NY	10. Longitude (dd mm ss.s h) 73 14 17.3 W
11. Please supply any need attachments. Attachment 1: Public Interest Attachment 2: SPAWAR IETTER 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; min-height: 100px;">NULL</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 Kenneth A. Miller	15. Title of Person Signing President
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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