APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Oahu STA

1. Applicant

Name: Hughes Network Systems, Limited Phone Number: 301–601–7226

DBA Name: Fax Number: 301–428–7012

Street: 11717 Exploration Lane E–Mail: jread@hns.com

City: Germantown State: MD

Country: USA Zipcode: 20876 -

Attention: Joslyn Read, AVP Regulatory

Affairs

2. Contact						
	Name:	Steven Doiron	Phone Nur	mber:	301-428-5506	
	Company:	Hughes Network Systems, Limited	Fax Numb	er:	301-428-7012	
	Street:	11717 Exploration Lane	E–Mail:		sdoiron@hns.com	
	City:	Germantown	State:		MD	
	Country:	USA	Zipcode:		20876 –	
	Contact Title:	Director, Regulatory Affairs	Relationsh	ip:	Engineer	
3. Reference File Number SESLICINTR200403126 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 CGH – Radio Determintaion satellite Earth Stations						
5. Type Request Use Prior to Grant Change Station Location Other						
	ed Use Prior D 9/2004	Pate				
7. CityWah	niawa		I	3. Latitude dd mm ss.s h) 21 31	22.14 N	

9. State HI	10. Longitude (dd mm ss.s h) 157 59 43.14 W						
11. Please supply any need attachments.							
Attachment 1: Exhibit A 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.) See attachment 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.							
14. Name of Person Signing Joslyn Read	15. Title of Person Signing Assistant Vice President, 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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