

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for 4.6 meter

1. Applicant

Name:	Hughes Network Systems, Inc.	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:	Ms. Joslyn Read		

2. Contact

Name:	Steven Doiron	Phone Number:	301-428-5506
Company:	Hughes Network Systems	Fax Number:	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	Relationship:	Engineer

3. Reference File Number SESMFS2005022200214

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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
03/01/2005

7. CityNorth Las Vegas

8. Latitude
(dd mm ss.s h) 36 14 21.0 N

9. State NV	10. Longitude (dd mm ss.s h) 115 7 6.0 W
11. Please supply any need attachments. Attachment 1: Exhibit A Attachment 2: Exhibit C 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 Exhibit A</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 Ms. Joslyn Read	15. Title of Person Signing AVP 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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