

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Renewal of Special Temporary Authority for Ku-Band Earth Station in Honolulu, Hawaii

**1. Applicant**

<b>Name:</b>	ARTEL, Inc.	<b>Phone Number:</b>	703-620-1700
<b>DBA Name:</b>		<b>Fax Number:</b>	703-620-4262
<b>Street:</b>	1893 Preston White Drive Suite 220	<b>E-Mail:</b>	espitler@artelinc.com
<b>City:</b>	Reston	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	20191 -
<b>Attention:</b>	Ed Spitler		

**2. Contact**

<b>Name:</b>	Nina Beebe	<b>Phone Number:</b>	202-772-1139
<b>Company:</b>	Access Partnership	<b>Fax Number:</b>	202-772-3360
<b>Street:</b>	1050 Connecticut Ave., NW Ste 1000	<b>E-Mail:</b>	nina@accesspartnership.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Contact Title:</b>	Principal Associate	<b>Relationship:</b>	Other

3. Reference File Number SESSTA2005031000302

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  
04/15/2005

7. City Honolulu

8. Latitude  
(dd mm ss.s h) 21 20 0.0 N

9. State HI	10. Longitude (dd mm ss.s h) 157 57 0.0 W
11. Please supply any need attachments. Attachment 1: Attachment A                      Attachment 2: Attachment B                      Attachment 3: Attachment C	
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 attachment A. This is a renewal of the current STA already in place.</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 Christina Beebe	15. Title of Person Signing Principal Associate
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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