

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Special Temporary Authority for Ku-Band Transmit/Receive Earth Station

1. Applicant

Name:	VertexRSI	Phone Number:	770-689-2002
DBA Name:		Fax Number:	770-476-7092
Street:	4825 River Green Parkway	E-Mail:	
City:	Duluth	State:	GA
Country:	USA	Zipcode:	30096 -
Attention:	Mr Ryan J Morefield		

2. Contact

Name:	Ryan J. Morefield	Phone Number:	770-689-2002
Company:	VertexRSI	Fax Number:	770-476-7092
Street:	4825 River Green Parkway	E-Mail:	
City:	Duluth	State:	GA
Country:	USA	Zipcode:	30096 -
Contact Title:	Program Manager	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
04/26/2005

7. City Duluth

8. Latitude
(dd mm ss.s h) 34 0 51.0 N

9. State GA	10. Longitude (dd mm ss.s h) 84 10 14.0 W
11. Please supply any need attachments. Attachment 1: Exhibit A Attachment 2: Exhibit B 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: 10px 0;">VertexRSI requests a Special Temporary Authority to permit them to test a 1.8 Meter terminal prior to a demonstration of the terminal for the military services. The length of the testing will be 1 week in duration.</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 Ryan J. Morefield	15. Title of Person Signing Program Manager
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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