APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E040325 30 day STA to commence

1. Applicant

Name: ARTEL, Inc. **Phone Number:** 703–620–1700 x8

DBA Name: Fax Number: 703–620–4262

Street: 1893 Preston White Drive E–Mail: ayazdani@artelinc.com

Suite 220

City: Reston State: VA

Country: USA Zipcode: 20191 -

Attention: ABBAS YAZDANI

2. Contact				
Name:	Jose Albuquerque	Phone Number:	202-292-4309	
Company:	PanAmSat Corporation	Fax Number:		
Street:	1801 K Street, N.W.	E–Mail:	JAlbuquerque@PanAmSat.com	
	Suite 440			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20006 –	
Attention:		Relationship:	Engineer	
3. Reference File Numb	oer			
	d with this application?			
' '		, indicate reason for fee exemptio	n (see 47 C.F.R.Section 1.1114).	
Governmental Entit	ty Noncommercial educat	ional licensee		
Other(please explai	n):			
4b. Fee Classification	CGX – Fixed Satellite Transmi	t/Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station		nange Station Location	O Other	
6. Requested Use Prior Date				
7. CityHonolulu		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 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.)				
Applicant seeking Special Temporary Authority in accordance with the attached text.				
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 Christina Beebe	15. Title of Person Signing Principal Associate, Access Partnership			
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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