

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

**1. Applicant**

<b>Name:</b>	ARTEL, Inc.	<b>Phone Number:</b>	703-620-1700 x8
<b>DBA Name:</b>		<b>Fax Number:</b>	703-620-4262
<b>Street:</b>	1893 Preston White Drive Suite 220	<b>E-Mail:</b>	ayazdani@artelinc.com
<b>City:</b>	Reston	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	20191 -
<b>Attention:</b>	ABBAS YAZDANI		

<b>2. Contact</b>	
<b>Name:</b> Jose Albuquerque	<b>Phone Number:</b> 202-292-4309
<b>Company:</b> PanAmSat Corporation	<b>Fax Number:</b>
<b>Street:</b> 1801 K Street, N.W. Suite 440	<b>E-Mail:</b> JAlbuquerque@PanAmSat.com
<b>City:</b> Washington	<b>State:</b> DC
<b>Country:</b> USA	<b>Zipcode:</b> 20006 -
<b>Attention:</b>	<b>Relationship:</b> Engineer
3. Reference File Number	
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other(please explain):	
4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request  <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date	
7. City Honolulu	8. Latitude (dd mm ss.s h) 21 20 0.0 N



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