

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

E040325 60 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>	
<b>City:</b>	Reston	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	20191 -
<b>Attention:</b>	Jane Brady		

<b>2. Contact</b>	
<b>Name:</b> Jose Albuquerque <b>Company:</b> PanAmSat Corporation <b>Street:</b> 1801 K Street, N.W. Suite 440 <b>City:</b> Washington <b>Country:</b> USA <b>Attention:</b>	<b>Phone Number:</b> 202-292-4309 <b>Fax Number:</b> <b>E-Mail:</b> JAlbuquerque@PanAmSat.com <b>State:</b> DC <b>Zipcode:</b> 20006 – <b>Relationship:</b> Engineer
<b>3. Reference File Number</b>	
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):	
<b>4b. Fee Classification</b> CGX – Fixed Satellite Transmit/Receive Earth Station	
<b>5. Type Request</b> <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
<b>6. Requested Use Prior Date</b>	
<b>7. City</b> Honolulu	<b>8. Latitude</b> (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: STA Attachment 2: Application 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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Jane Brady	15. Title of Person Signing General Counsel
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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