

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Extension of STA for Ku-band Earth Station in Honolulu, Hawaii

1. Applicant

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

2. Contact

Name:	Nina Beebe	Phone Number:	202-772-1139
Company:	Access Partnership	Fax Number:	202-772-3360
Street:	1050 Connecticut Ave., NW Suite 1000	E-Mail:	nina@accesspartnership.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:	Nina Beebe	Relationship:	Other

3. Reference File Number SESSTA2005041300444

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
05/15/2005

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: Exhibit A Attachment 2: Exhibit B Attachment 3: Exhibit 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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