

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Chantilly, VA

1. Applicant

Name:	DynCorp Information Systems LLC	Phone Number:	703-818-4683
DBA Name:		Fax Number:	703-818-4434
Street:	15000 Conference Center Dr.	E-Mail:	greed6@csc.com
City:	Chantilly	State:	VA
Country:	USA	Zipcode:	20151 -
Attention:	Gerald Reed		

2. Contact

Name:	Gerald Reed	Phone Number:	7038184683
Company:	DynCorp Information Systems LLC	Fax Number:	7038184434
Street:	15000 Conference Center DR	E-Mail:	greed6@csc.com
City:	Chantilly	State:	VA
Country:	USA	Zipcode:	20151 -3808
Attention:	Gerald Reed	Relationship:	Same

3. Reference File Number SESLIC1995021301421

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
07/02/2005

7. CityChantilly

8. Latitude
(dd mm ss.s h) 38 52 22.0 N

9. State VA	10. Longitude (dd mm ss.s h) 77 28 1.0 W
11. Please supply any need attachments. Attachment 1: Letter to FCC 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.) <div style="border: 1px solid black; padding: 5px; min-height: 100px;">NULL</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 Gerald Reed	15. Title of Person Signing Principal Member Technical Staff
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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