

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
CC-5 STA for G14 IOT at 146 WL

**1. Applicant**

<b>Name:</b>	PanAmSat Licensee Corp.	<b>Phone Number:</b>	202-292-4300
<b>DBA Name:</b>		<b>Fax Number:</b>	202-292-4378
<b>Street:</b>	1801 K Street, N.W. Suite 440	<b>E-Mail:</b>	
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20006 -
<b>Attention:</b>	Mr Kalpak S Gude Esq		

<b>2. Contact</b>	
<b>Name:</b> Joseph A. Godles, Esq.	<b>Phone Number:</b> 202-429-4900
<b>Company:</b> Goldberg Godles Wiener & Wright	<b>Fax Number:</b> 202-429-4912
<b>Street:</b> 1229 19th Street, NW	<b>E-Mail:</b> jgodles@g2w2.com
<b>City:</b> Washington	<b>State:</b> DC
<b>Country:</b> USA	<b>Zipcode:</b> 20036 -2413
<b>Attention:</b> Attorney	<b>Relationship:</b> Legal Counsel
3. Reference File Number SESLIC2004041200542	
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 type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other	
6. Requested Use Prior Date	
7. City Castle Rock	8. Latitude (dd mm ss.s h) 39 16 33.0 N

9. State CO	10. Longitude (dd mm ss.s h) 104 48 34.0 W
11. Please supply any need attachments. Attachment 1: STA    Attachment 2: Coordination Report    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; margin: 5px 0;">Extension of Special Temporary Authority (STA) requested in accordance with attached description.</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 Kalpak Gude	15. Title of Person Signing Associate 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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