

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Special Temporary Authority for VSAT Network E891033

1. Applicant

Name:	MCI Network Services, Inc. (fka MCI WorldCom Network Services, Inc.)	Phone Number:	972-729-6406
DBA Name:		Fax Number:	972-729-2690
Street:	2400 N. Glenville Drive Dept/Loc 71216/107	E-Mail:	Laura.Birkelbach@mci.com
City:	Richardson	State:	TX
Country:	USA	Zipcode:	75082 -
Attention:	Laura J Birkelbach		

2. Contact

Name:	Laura J Birkelbach	Phone Number:	972-729-6406
Company:	MCI Network Services, Inc.(fka MCI WorldCom Network Svcs)	Fax Number:	972-729-2690
Street:	2400 N. Glenville Drive Dept/Loc 71216/107	E-Mail:	laura.birkelbach@mci.com
City:	Richardson	State:	TX
Country:	USA	Zipcode:	75082 -
Attention:		Relationship:	

(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)

3. Reference File Number or Submission ID

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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
09/29/2005

7. City	8. Latitude (dd mm ss.s h) 0 0 0.0
9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
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: 10px 0;"> This Special Temporary Authority is sought for restoration efforts in the aftermath of Katrina/Rita hurricanes. It is requested for a period of six months. See specific Description in Exhibit C. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing Laura J. Birkelbach	15. Title of Person Signing Senior Engineer
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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