

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Katrina related STA Continuance Request – CSAT Operations

**1. Applicant**

<b>Name:</b>	HARRIS CORPORATION	<b>Phone Number:</b>	321-724-3638
<b>DBA Name:</b>		<b>Fax Number:</b>	321-309-7533
<b>Street:</b>	1025 West Nasa Blvd.	<b>E-Mail:</b>	fkennias@harris.com
<b>City:</b>	Melbourne	<b>State:</b>	FL
<b>Country:</b>	USA	<b>Zipcode:</b>	32919 -
<b>Attention:</b>	Frank Kenniasty, Esq.		

**2. Contact**

<b>Name:</b>	David A. O'Connor	<b>Phone Number:</b>	202-828-1889
<b>Company:</b>	Holland & Knight LLP	<b>Fax Number:</b>	202-955-5564
<b>Street:</b>	2099 Pennsylvania Ave., NW Suite 100	<b>E-Mail:</b>	david.oconnor@hklaw.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20006 -
<b>Attention:</b>	David A. O'Connor	<b>Relationship:</b>	Legal Counsel

(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 SESSTA2005091601269 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 CGS - Fixed Satellite Small Transmit/Receive Earth Station

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date  
10/21/2005

7. City Bay St. Louis

8. Latitude  
(dd mm ss.s h) 30 21 0.0 N

9. State MS	10. Longitude (dd mm ss.s h) 89 29 0.0 W
11. Please supply any need attachments. Attachment 1: STA Ext. Request                      Attachment 2: Datasheets/RFI                      Attachment 3: Intelsat Letter	
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;">Applicant requests an extension of Special Temporary Authority granted by the FCC on September 21, 2005 (File No. SES-STA-20050916-01269). CSAT operations will continue to provide voice and data interconnectivity and Internet access to the Florida Emergency Operations Center and the Florida Department of Law Enforcement in their ongoing disaster</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 FRANK KENNIASY	15. Title of Person Signing DIVISION 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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## **12. Description**

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