

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA to access Superbird B-2

1. Applicant

Name:	Vision Accomplished, Inc. d/b/a Transvision International	Phone Number:	805-981-8740
DBA Name:		Fax Number:	805-981-8738
Street:	550 Maulhardt Ave	E-Mail:	
City:	Oxnard	State:	CA
Country:	USA	Zipcode:	93030 -
Attention:	Mr Vincent Waterson		

2. Contact			
Name:	Maria Costa	Phone Number:	805-981-8740
Company:	Transvision International	Fax Number:	805-981-8738
Street:	550 Maulhardt Ave	E-Mail:	mcosta@txvision.com
City:	Oxnard	State:	CA
Country:	USA	Zipcode:	93030 -
Attention:		Relationship:	Same
(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 SESLIC2000120602284 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 CGX – Fixed Satellite Transmit/Receive Earth Station			
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other			
6. Requested Use Prior Date 12/10/2005			
7. CityHonolulu		8. Latitude (dd mm ss.s h) 0 0 0.0	

9. State HI	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Narrative 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.) STA Request to access Superbird B-2 satellite for a period of no more than 45 days. See attached STA Request narrative.	
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. ☒ Yes ☐ No	
14. Name of Person Signing Kimithy Vaughn	15. Title of Person Signing President
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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