

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for STA for modified operations of Station E900688

1. Applicant

Name:	CHEVRON USA INC	Phone Number:	202-434-4282
DBA Name:		Fax Number:	202-434-4646
Street:	1001 G St, N.W., Suite 500 West	E-Mail:	buckley@khlaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20001 -
Attention:	Elizabeth Buckley		

2. Contact

Name:	Wayne V. Black, Esquire	Phone Number:	2024344130
Company:	Keller and Heckman LLP	Fax Number:	2024344646
Street:	Suite 500 West 1001 G Street, NW	E-Mail:	black@khlaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20001 -
Attention:	Elizabeth Buckley	Relationship:	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 or Submission ID IB2006000367

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

02/27/2006

7. City San Ramon

8. Latitude

(dd mm ss.s h) 37 5 31.0 N

9. State CA	10. Longitude (dd mm ss.s h) 121 7 26.0 W
11. Please supply any need attachments. Attachment 1: Request for STA 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; margin: 10px 0;">STA to operate new antennas with San Ramon Primary Hub where services are being restored in Louisiana and Alabama damaged by Hurricanes Katrina and Rita.</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 Rodger Matthee	15. Title of Person Signing Manager
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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