## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA request for IEC VSAT – CCAFS DARC

1. Applicant							
Nai	me:	L3 Communications IEC	Phone Number:	714–758–0500 x3			
DB	A Name:		Fax Number:	714–758–4222			
Str	eet:	602 East Vermont Ave	E-Mail:	Tom.Murphy@L-3com.com			
City	y:	Anaheim	State:	CA			
Cor	untry:	USA	Zipcode:	92805 –			
Att	tention:	Mr. Tom Murphy					

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2. Contact								
Name:	Michelle A. McClure	Phone Numbe	<b>r:</b> 202–728–0400					
Company:	Irwin, Campbell & Tannenwald, P. C.	Fax Number:	202-728-0354					
Street:	1730 Rhode Island Ave., N.W.	E–Mail:	mmcclure@ictpc.com					
	Suite 200							
City:	Washington	State:	DC					
Country:	USA	Zipcode:	20036 -3101					
Attention:		<b>Relationship:</b>	Legal Counsel					
<ul> <li>(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.)</li> <li>3. Reference File Number SESLIC2006041200640 or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>								
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
• Use Prior to Grant     • Change Station Location     • Other								
6. Requested Use Prior 04/12/2006	Date							

7. CityCape Canaveral	8. Latitude (dd mm ss.s h) 28 24 0.0 N							
9. State FL	10. Longitude (dd mm ss.s h) 80 36 0.0 W							
11. Please supply any need attachments.								
Attachment 1: Public InterestAttachment 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.)								
Please see attached Public Interest Statement.         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.       Yes       No								
See 47 CFR 1.2002(b) for the meaning of "party to the applicatio	n" for these purposes.							
14. Name of Person Signing Robert A. Huffman	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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