APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for VSAT Modification

1. Applicant

Name: Virginia, Commonwealth of Phone Number: 804–371–5212

DBA Name: Fax Number: 804–786–4177

Street: 110 South 7th Street E–Mail: david.warner@vita.virginia.gov

VITA-ODU

City: Richmond State: VA

Country: USA Zipcode: 23219 -

Attention: David R Warner

2. Contac	t						
	Name:	Tim Ehrilch	Phone Number	:	757-683-4482		
	Company:	Old Dominion University	Fax Number:		757-683-3176		
	Street:	43rd & Hampton Blvd	E–Mail:		TEhrlich@odu.ed	du	
	City:	Norfolk	State:		VA		
	Country:	USA	Zipcode:		23529 –		
	Attention:	Mr. Tim Ehrilch	Relationship:		Other		
(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 IB2006001551							
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							
	ted Use Prior I 26/2006	Date					
7. CityNor	rfolk		8. Lat (dd m		0.1 N		

9. State VA	10. Longitude (dd mm ss.s h) 76 18 16.0 W					
11. Please supply any need attachments.						
Attachment 1: STA Request 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.)						
This is a request for STA to operate Commonwealth of Virginia's existing 5.5-meter earth station (licensed under call sign E950449, File Number SES-RWL-20050810-01090) as the hub of a proposed VSAT network to include 1.8-meter remote transmit/receive antennas. Attached is a more detailed letter requesting the STA (see Attachment 1). The Form 312 Application						
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.						
14. Name of Person Signing David R Warner	15. Title of Person Signing Telecommunications 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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12. Description

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