

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA – 1.8 meter antenna with 4 Watt radio – Florida

1. Applicant

Name:	Tachyon Networks, Inc.	Phone Number:	703-821-9101 x14
DBA Name:		Fax Number:	703-821-2125
Street:	8133 Leesburg Pike, Suite 450	E-Mail:	dconnors@tachyon.net
City:	Vienna	State:	VA
Country:	USA	Zipcode:	22182 -
Attention:			

2. Contact	
Name: Jeremy Guralnick	Phone Number: (858) 882-8114
Company: Tachyon Networks, Inc.	Fax Number: (858) 882-8122
Street: 9339 Carroll Park Drive, Suite	E-Mail: jg@tachyon.net
City: San Diego	State: CA
Country: USA	Zipcode: 92121 -
Attention: Jeremy Guralnick	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	
4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other(please explain):	
4b. Fee Classification CGV – Fixed Satellite VSAT System	
5. Type Request	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 08/23/2006	
7. CityKey West	8. Latitude (dd mm ss.s h) 43 34 24.0 N

9. State FL	10. Longitude (dd mm ss.s h) 31 46 0.0 W
11. Please supply any need attachments. Attachment 1: PSDAnalysis Attachment 2: SafetyAnalysis 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: 5px 0;">STA for 1.8 meter antenna and 4 Watt radio. Application meets all FCC power spectral density and safety limits.</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 Jeremy Guralnick	15. Title of Person Signing Sr. VP Business Development
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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