

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

4.8 Meter STA

1. Applicant

Name:	DataPath, Inc.	Phone Number:	678-597-0300
DBA Name:		Fax Number:	678-597-0305
Street:	3095 Satellite Blvd	E-Mail:	mbeattie@datapath.com
City:	Duluth	State:	GA
Country:	USA	Zipcode:	30096 -
Attention:	Michael Beattie		

2. Contact

Name:	Michael Beattie	Phone Number:	866-855-3800
Company:	DataPath, Inc.	Fax Number:	678-252-4105
Street:	3095 Satellite Blvd	E-Mail:	mbeattie@datapath.com
City:	Duluth	State:	GA
Country:	USA	Zipcode:	30096 -
Attention:	Michael Beattie	Relationship:	Engineer

(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?

- 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
09/21/2006

7. City Duluth

8. Latitude
(dd mm ss.s h) 33 58 22.6 N

9. State GA	10. Longitude (dd mm ss.s h) 84 5 31.6 W
11. Please supply any need attachments. Attachment 1: A Attachment 2: B Attachment 3: C	
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;">This is testing of 4.8 meter antenna systems with the NSS7 satellite. The test will be for a few hours a day for the next 60 days with several stability tests which require 24 hour test periods. At the end of the 60 test period this antenna will be shipped to a permanent location.</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 James Smith	15. Title of Person Signing Manager, 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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