

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA request for a 1.2 Meter Ku-band transmit/receive earth station.

1. Applicant

Name:	TransMontaigne Product Services Inc.	Phone Number:	956-831-3531
DBA Name:		Fax Number:	
Street:	10150 Old Highway 48	E-Mail:	kgarcia@transmontaigne.com
City:	Brownsville	State:	TX
Country:	USA	Zipcode:	78521 -
Attention:	Mr Kevin Garcia		

2. Contact

Name:	Mr Kevin Garcia	Phone Number:	956-831-3531
Company:	TransMontaigne Product Services Inc	Fax Number:	
Street:	10150 Old Highway 48	E-Mail:	kgarcia@transmontaigne.com
City:	Brownsville	State:	TX
Country:	USA	Zipcode:	78521 -
Attention:		Relationship:	

(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 SESLIC2006111301993 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
11/24/2006

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