

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant

Name:	COMTECH MOBILE DATACOM CORP.	Phone Number:	240-686-3300
DBA Name:		Fax Number:	240-686-3301
Street:	20430 Century Boulevard	E-Mail:	John.Fossaceca@comtechmobile. com
City:	Germantown	State:	MD
Country:	USA	Zipcode:	20874 -
Attention:	John Fossaceca		

2. Contact			
Name:	Joan M. Griffin	Phone Number:	202-342-8573
Company:	Kelley Drye & Warren LLP	Fax Number:	202-342-8451
Street:	3050 K Street, N.W.	E-Mail:	jgriffin@kelleydrye.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20007 -
Attention:		Relationship:	Legal Counsel
(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 IB2006003104			
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 CGB – Mobile Satellite Earth Stations			
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other			
6. Requested Use Prior Date 11/16/2006			
7. City		8. Latitude (dd mm ss.s h) 0 0 0.0	

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: STA Request Attachment 2: 312 Modification Attachment 3: 312 Exhibits	
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.) NULL	
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. ☒ Yes ☐ No	
14. Name of Person Signing Joan M. Griffin	15. Title of Person Signing Legal Counsel
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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