

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Amtech Systems LLC Application for STA to Operate 30,000 Mobile Earth Terminals

1. Applicant

Name:	Amtech Systems LLC	Phone Number:	717-561-5801
DBA Name:		Fax Number:	717-561-5923
Street:	8158 Adams Drive, Suite 200	E-Mail:	barbara.beam@transcore.com
City:	Hummelstown	State:	PA
Country:	USA	Zipcode:	17036 -
Attention:	Barbara Beam		

2. Contact

Name:	Jennifer Hindin or Colleen King	Phone Number:	2027194975/7307
Company:	Wiley Rein & Fielding LLP	Fax Number:	202-719-7049
Street:	1776 K Street, NW	E-Mail:	jhindin or cking@wrf.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	Jennifer Hindin or Colleen King	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

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
12/27/2006

7. City Various

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: Attachment 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Request for special temporary authority to operate 30,000 mobile earth terminals pending grant of an application to modify an existing license to extend the license period for four years.</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 George McGraw	15. Title of Person Signing Executive Vice President, Operations
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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