APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Herndon VA. Temporary VSAT

1. Applicant

Name: The Boeing Company **Phone Number:** 866–248–1493

DBA Name: Fax Number: 206–544–6592

Street: Attn E-Mail: bob.douglass@boeing.com

PO Box 3707

City: Seattle State: WA

Country: USA **Zipcode:** 98124 –2207

Attention: Mr Robert B Douglass

2. Contact			
Name:	Ron Center	Phone Number:	206-544-6583
Compar	ny: The Boeing Company	Fax Number:	206-544-6592
Street:	PO Box 3707	E–Mail:	ronald.e.center@boeing.com
City:	Seattle	State:	WA
Country	: USA	Zipcode:	98124 –2207
Attentio	n: Freq Manager M/C 2T–22	Relationship:	
application. Please 6 3. Reference File N 4a. Is a fee subm If Yes, complete Governmental F Other(please ex	enter only one.) fumber or Submission ID itted with this application? e and attach FCC Form 159. If No Entity Noncommercial educat plain):	o, indicate reason for fee exemption ional licensee	on (see 47 C.F.R.Section 1.1114).
	on CGV – Fixed Satellite VSAT S	ystem	
5. Type Request O Use Prior to Gr	rant o Cl	hange Station Location	Other
6. Requested Use Pt 01/16/2007	rior Date		
7. CityHerndon		8. Latitude (dd mm ss.s h)	38 57 32.0 N

9. State VA	10. Longitude				
	(dd mm ss.s h) 77 22 32.0 W				
11. Please supply any need attachments.					
Attachment 1: Felony Letter Attachment 2: STA Rec	quirement Attachment 3: RADHAZ Study				
•					
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.)					
This STA is required to support temporary use	of a 1.8 meter VSAT terminal at the Boeing				
facility in Herndon, VA.					
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No					
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.					
poor in our incoming or orquot, purity to the approximate	action, for these purposes.				
14. Name of Person Signing	15. Title of Person Signing				
Robert B Douglass	Manager				
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).					
(C.S. Code, The +1, Section 312(a)(1)), 11 (D/OK1 OK1 DITOKE) (C.S. Code, The +1, Section 303).					

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