

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Teleport License

1. Applicant

Name:	Satellite Communication Systems Inc.	Phone Number:	757-723-0825
DBA Name:		Fax Number:	757-723-2241
Street:	2 Eaton Street Suite 1000	E-Mail:	derick@sat-tel.com
City:	Hampton	State:	VA
Country:	USA	Zipcode:	23669 -4054
Attention:	Mr Derick J Albert		

2. Contact

Name:	Satellite Communication Systems Inc.	Phone Number:	757-723-0825
Company:		Fax Number:	757-723-2241
Street:	2 Eaton Street Suite 1000	E-Mail:	derick@sat-tel.com
City:	Hampton	State:	VA
Country:	USA	Zipcode:	23669 -4054
Attention:	Mr Derick J Albert	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 SESLIC1996030601700 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
01/11/2007

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