

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

7. CityOpa-Locka	8. Latitude (dd mm ss.s h) 25 53 21.0 N
9. State FL	10. Longitude (dd mm ss.s h) 80 16 24.0 W
11. Please supply any need attachments. Attachment 1: 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 data-bbox="254 565 1856 737" style="border: 1px solid black; padding: 5px; margin: 10px 0;">The previously license for Earth Station w/ Call Sign E960188 has recently expired. We are presently carrying live traffic and must continue while we submit form 312 for a new license.</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 Derick Albert	15. Title of Person Signing Manager, Engineering Services
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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