

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for STA (E050244)

1. Applicant

Name:	Grupo W COM, S.A. de C.V.	Phone Number:	11525552616277
DBA Name:		Fax Number:	
Street:	Paseo de los Tamarindos 400-A Bosques de las Lomas	E-Mail:	
City:		State:	
Country:		Zipcode:	-
Attention:	Manuel Gomez		

2. Contact

Name:	Matthew S. DelNero	Phone Number:	202-662-5543
Company:	Covington & Burling LLP	Fax Number:	202-778-5543
Street:	1201 Pennsylvania Avenue, NW	E-Mail:	mdelnero@cov.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -2401
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

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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

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: Attachment 1 Attachment 2: 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;">Grupo W COM, S.A. de C.V., licensee of VSAT system E050244, hereby requests special temporary authority for temporary operation on the extended Ku band spectrum due to capacity constraints on the conventional Ku band spectrum. The nature of the request is described more fully in the attached letter.</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 Manuel Gomez#8722;Ortigoza	15. Title of Person Signing General Director
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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