

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA to add new points of communication for ESV operation via Southbury Teleport

1. Applicant

Name:	Vizada Satellite, Inc.	Phone Number:	301-838-7860
DBA Name:		Fax Number:	301-838-7752
Street:	1101 Wootton Parkway 10th Floor	E-Mail:	keith.fagan@vizada.com
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 -
Attention:	Keith H Fagan		

2. Contact

Name:	Vizada Satellite, Inc.	Phone Number:	301-838-7860
Company:		Fax Number:	301-838-7752
Street:	1101 Wootton Parkway 10th Floor	E-Mail:	keith.fagan@vizada.com
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 -
Attention:	Keith H Fagan	Relationship:	

(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 IB2007002335

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
09/28/2007

7. City Southbury

8. Latitude
(dd mm ss.s h) 41 27 6.0 N

9. State CT	10. Longitude (dd mm ss.s h) 73 17 16.4 W
11. Please supply any need attachments. Attachment 1: Need Showing 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: 5px 0;">Vizada Satellite, Inc. (formerly Telenor Satellite, Inc.) seeks special temporary authority to add Intelsat 705 as a point of communication for Ku-band ESV operation via its Southbury, CT earth station KA313.</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 Keith H Fagan	15. Title of Person Signing Senior Counsel
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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