

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for KB34 to communicate with Inmarsat 3F4 at 142 WL

1. Applicant

Name:	Vizada Satellite, Inc.	Phone Number:	301-838-7807
DBA Name:		Fax Number:	301-838-7752
Street:	1101 Wootton Parkway 10th Floor	E-Mail:	robert.swanson@vizada.com
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 -
Attention:	Robert W Swanson		

2. Contact

Name:	Robert W. Swanson	Phone Number:	301-838-7807
Company:	Vizada Satellite, Inc.	Fax Number:	301-838-7752
Street:	1101 Wootton Parkway 10th Floor	E-Mail:	robert.swanson@vizada.com
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 -
Attention:	Robert W. Swanson	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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
10/05/2007

7. City Santa Paula

8. Latitude
(dd mm ss.s h) 34 24 5.0 N

9. State CA	10. Longitude (dd mm ss.s h) 119 4 29.4 W
11. Please supply any need attachments. Attachment 1: KB34 STA Narrative Attachment 2: Vizada Ownership 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;">Vizada Satellite, Inc. seeks special temporary authority to allow its Santa Paula, CA earth station (KB34) to communicate with the Inmarsat 3F4 satellite at 142 degrees W.L.</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 Robert W. Swanson	15. Title of Person Signing Associate 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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