## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension for BGAN Mobile Earth Station 10–2007

1. Applicant

Name: VIZADA Services LLC Phone Number: 954–862–1774

**DBA Name:** Fax Number: 954–862–1775

Street: 12555 Orange Drive, Suite 267 E–Mail: eric.verheylewegen@vizada.com

City: Davie State: FL

Country: USA Zipcode: 33330 -

**Attention:** Eric Verheylewegen

2. Contact				
Name:	Karis A. Hastings, Esq.	Phone Number:	2026375767	
Company:	Hogan & Hartson LLP	Fax Number:	(202) 637–5910	
Street:	555 Thirteenth Street, NW	E–Mail:	kahastings@hhlaw.com	
	Columbia Square			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20004 –	
Attention:		Relationship:	Legal Counsel	
4a. Is a fee submitted  If Yes, complete and  Governmental Entit  Other(please explain	Deer SESSTA2007081401092 or Self with this application?  If attach FCC Form 159. If No, if you not	indicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
	CGB – Mobile Satellite Earth Sta	ations		
5. Type Request  O Use Prior to Grant  O Change Station Location  O Other				
6. Requested Use Prior 10/22/2007	Date			
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0	

9. State	10. Longitude			
7. State	(dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: Attachment 1 Attachment 2:	Attachment 3:			
Attachment 1. Attachment 1	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.)				
Request for extension of Special Temporary Authority (STA) to operate up to 5,000 BGAN				
Mobile Earth Terminals with Inmarsat's fourth-generation satellite (Inmarsat 4F2).				
13. By checking Yes, the undersigned certifies that neither applicant nor	any other party to the application is Yes No			
subject to a denial of Federal benefits that includes FCC benefits pursua				
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.				
14. Name of Person Signing	15. Title of Person Signing			
Eric Verheylewegen	Authorized Representative			
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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