

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

STA Pascagoula, MS

1. Applicant

Name:	CapRock Communications, Inc.	Phone Number:	832-668-2751
DBA Name:		Fax Number:	832-668-2780
Street:	4400 S. Sam Houston Parkway Ea	E-Mail:	esands@cprk.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77048 -
Attention:	Ms. EllenAnn Sands		

2. Contact

Name:	Raul Magallanes	Phone Number:	281 317 1397
Company:	The Law Office of Raul Magallanes, PLLC	Fax Number:	
Street:	PO Box 1213	E-Mail:	info@rmtelecomlaw.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77549 -
Attention:	Raul Magallanes	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

11/01/2007

7. CityPascougoula	8. Latitude (dd mm ss.s h) 28 0 0.0 N
9. State MS	10. Longitude (dd mm ss.s h) 91 0 0.0 W
11. Please supply any need attachments. Attachment 1: Cover Letter 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-top: 10px;">Request for STA for temporary operation at shipyard at Pascagoula, MS</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 Alan Aronowitz	15. Title of Person Signing VP & General 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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