

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Row 44 Earth Station Special Temporary Authority

1. Applicant

Name:	Row44	Phone Number:	818-706-3111
DBA Name:		Fax Number:	818-706-9431
Street:	31280 Oak Crest Drive,Suite 5	E-Mail:	agior@verizon.net
City:	Westlake Village	State:	CA
Country:	USA	Zipcode:	91361 -
Attention:	Dr Arthur A Giordano		

2. Contact

Name:	Row 44	Phone Number:	818-706-3111
Company:	Row 44	Fax Number:	818-706-9431
Street:	31280 Oak Crest Drive,Suite 5	E-Mail:	agior@verizon.net
City:	Westlake Village	State:	CA
Country:	USA	Zipcode:	91361 -
Attention:	Dr Arthur A Giordano	Relationship:	Engineer

(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

11/30/2007

7. City Westlake Village

8. Latitude

(dd mm ss.s h) 34 8 37.3 N

9. State CA	10. Longitude (dd mm ss.s h) 118 48 4.1 W
11. Please supply any need attachments. Attachment 1: Row 44 STA Line 5 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;">Row 44 plans to offer a commercial broadband Internet data service to passengers and crew aboard aircraft in compliance with the FCC regulations for aeronautical mobile satellite service (AMSS). In support of its plan, Row 44 would like to perform non-mobility testing of its</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 Arthur Giordano	15. Title of Person Signing Engineer
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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