APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for KA249

1. Applicant

Name: Vizada, Inc. Phone Number: 301–838–7807

DBA Name: Fax Number: 301–838–7807

Street: 1101 Wootton Parkway E–Mail: robert.swanson@vizada.com

10th Floor

City: Rockville State: MD

Country: USA Zipcode: 20852 -

Attention: Mr Robert W Swanson

2. Contact				
Name:	Vizada, Inc.	Phone Number:	301-838-7807	
Company:		Fax Number:	301-838-7807	
Street:	1101 Wootton Parkway	E-Mail:	robert.swanson@vizada.com	
	10th Floor			
City:	Rockville	State:	MD	
Country:	USA	Zipcode:	20852 –	
Attention:	Mr Robert W Swanson	Relationship:		
application. Please enter 3. Reference File Number	r only one.) ber or Submission ID	h the Commission, enter either th	e file number or the IB Submission ID of the related	
1	l with this application? d attach FCC Form 159. If No	, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
' '	y Noncommercial educat		(
Other(please explai				
4b. Fee Classification	CGX – Fixed Satellite Transmi	t/Receive Earth Station		
5. Type Request				
6. Requested Use Prior 12/17/2007	Date			
7. CitySanta 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			
	(dd mm ss.s h) 119 4 29.4 W			
11. Please supply any need attachments.				
Attachment 1: Need Statement 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.)				
Vizada, Inc. requests special temporary authority to allow the continuation of C-band ESV				
services via Santa Paula Teleport (call sign KA249).				
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.				
14. Name of Person Signing	15. Title of Person Signing			
Robert W. Swanson	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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