APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for E000284

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						
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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:				
(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						
• If Yes, complete and			emption (see 47 C.F.R.Section 1.1114).			
 Governmental Entity Other(please explain): 						
4b. Fee Classification	CGB – Mobile Satellite Earth St	tations				
5. Type Request						
Use Prior to Grant Change Station Location Other						
6. Requested Use Prior 12/20/2007	Date					
7. City		8. Latitude (dd mm ss	e a.s h) 0 0 0.0			

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0						
11. Please supply any need attachments.							
Attachment 1: Need StatementAttachment 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. seeks special temporary authority to allow up to 1,000 Inmarsat-C mobile earth terminals to continue operating with the Inmarsat 4F2 satellite.							
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 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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