

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
VERTEX 1.2M, Model 1123

1. Applicant

Name:	The Boeing Company	Phone Number:	866-248-1493
DBA Name:		Fax Number:	206-544-6592
Street:	Attn PO Box 3707	E-Mail:	bob.douglass@boeing.com
City:	Seattle	State:	WA
Country:	USA	Zipcode:	98124 -2207
Attention:	Mr Robert B Douglass		

2. Contact

Name:	Ron Center	Phone Number:	206-544-6583
Company:	The Boeing Company	Fax Number:	206-544-6592
Street:	P.O. Box 3707	E-Mail:	ronald.e.center@boeing.com
City:	Seattle	State:	WA
Country:	USA	Zipcode:	98124 -2207
Attention:	Freq Mgr M/C 2T-22	Relationship:	Same

(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
01/16/2008

7. City Anaheim

8. Latitude
(dd mm ss.s h) 33 51 39.0 N

9. State CA	10. Longitude (dd mm ss.s h) 117 50 42.0 W
11. Please supply any need attachments. Attachment 1: STA Requirement Attachment 2: RADHAZ Attachment 3: Felony	
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: 10px 0;">This application is a request for the temporary use of a Vertex, model 1123, 1.2 Meter VSAT terminal. This temporary use is needed to provide a demonstration of satellite earth terminal capability to a potential customer. The technical details of the requested operation are provided in the attachments.</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 Robert B Douglass	15. Title of Person Signing Manager, Spectrum Management
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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