APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for E000285

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							
Nan	ne:	Robert W. Swanson	Phone Number:		301-838-7807		
Con	npany:	Vizada, Inc.	Fax Number:		301-838-7752		
Stre	eet:	1101 Wootton Parkway	E-Mail:		robert.swanson@vizada.com		
		10th Floor					
City	y:	Rockville	State:		MD		
Cou	intry:	USA	Zipcode: 20852 –		-		
Atte	ention:	Robert W. Swanson	Relations	hip:	Legal C	ounsel	
 (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 SESSTA2007121801709 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). 							
Governmer	• Governmental Entity • Noncommercial educational licensee						
• Other(please explain):							
4b. Fee Classification CGB – Mobile Satellite Earth Stations							
5. Type Reques	t						
Use Prior to Grant O Change Station Location O Other							
6. Requested U 01/19/20		ate					
7. City				8. Latitude (dd mm ss.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: Vizada STA E000285Attachment 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 authorit earth terminals to continue operating with th							
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 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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