## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KA313 ESV 6006 Antennas STA March 2008

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:	301-838-7909	
Company	:	Fax Number:		
Street:	1101 Wootton Parkway	E–Mail:	james.lovelace@vizada.com	
City:	Rockville	State:	MD	
Country:	USA	Zipcode:	20852 –	
Attention	: James G. Lovelace	Relationship:	Other	
application. Please en 3. Reference File Nu 4a. Is a fee submitt If Yes, complete a	ter only one.) mber SESMOD2008031000256 of ted with this application? and attach FCC Form 159. If No attity Noncommercial education	or Submission ID, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transmit	t/Receive Earth Station		
5. Type Request				
6. Requested Use Prio 03/19/2008	or Date			
7. CitySouthbury		8. Latitude (dd mm ss.s h)		

9. State CT	10. Longitude (dd mm ss.s h) 73 17 16.4 W			
11. Please supply any need attachments.				
Attachment 1: STA 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 operation of SeaTel 6006 1.5 meter remote ESV antennas to provide ESV service as previously authorized by the commission via Viazda's Southbury, CT teleport, call sign KA313.				
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			
James G. Lovelace	Security Officer			
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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