

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

STA – Paumalu, HI

**1. Applicant**

<b>Name:</b>	Inmarsat Hawaii Inc.	<b>Phone Number:</b>	202-248-5155
<b>DBA Name:</b>		<b>Fax Number:</b>	202-248-5186
<b>Street:</b>	1101 Connecticut Avenue NW Suite 1225	<b>E-Mail:</b>	diane_cornell@inmarsat.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Attention:</b>	Diane J. Cornell		



9. State HI	10. Longitude (dd mm ss.s h) 158 1 59.4 W
11. Please supply any need attachments. Attachment 1: Exhibit A                      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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">See Exhibit A.</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 Diane J. Cornell	15. Title of Person Signing Director
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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