## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for WB36 for Inmarsat 4F2

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:	Robert W. Swanson	Phone Number:	3018387807	
Company:	Vizada, Inc	Fax Number:	3018387752	
Street:	1101 Wootton Parkway	E-Mail:	robert.swanson@vizada.com	
	10th Floor			
City:	Rockville	State:	MD	
Country:	USA	Zipcode:	20852 –	
Attention:	Robert W. Swanson	Relationship:	Legal Counsel	
4a. Is a fee submitted  If Yes, complete and  Governmental Entit  Other(please explain	per SESSTA2008011800070 or with this application? I attach FCC Form 159. If No y Noncommercial education:	, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
	CGX – Fixed Satellite Transmi	t/Receive Earth Station		
<ul><li>5. Type Request</li><li>Use Prior to Grant</li></ul>	O CI	nange Station Location	Other	
6. Requested Use Prior 03/18/2008	Date			
7. CitySouthbury		8. Latitude (dd mm ss.s h)		

	T				
9. State CT	10. Longitude				
	(dd mm ss.s h) 73 17 19.0 W				
11. Please supply any need attachments.					
Attachment 1: WB36 STA Attachment 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 seeks special temporary authority to allow its Southbury, CT earth station WB36 to					
continue communicating with the Inmarsat 4F2 satellite.					
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No					
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 Barrers Circuits	15 The Space Charles				
14. Name of Person Signing	15. Title of Person Signing				
Robert W. Swanson	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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