APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for E000282 for Inmarsat 4F2

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			
Compan	y: 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 –			
Attentio	n: Robert W. Swanson	Relationship:	Legal Counsel			
(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 SESSTA2008011800067 or Submission ID						
If Yes, complete	Entity O Noncommercial educa		on (see 47 C.F.R.Section 1.1114).			
4b. Fee Classificatio	n CGB – Mobile Satellite Earth	Stations				
5. Type Request						
Use Prior to Grant Change Station Location Other						
6. Requested Use Pr 03/18/2008	ior Date					
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: E000282 STA 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. seeks special temporary authority to allow up to 1,000 Inmarsat Mini-M mobile earth terminals to continue operating with the Inmarsat 4F2 satellite.						
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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