

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA request for Inmarsat 4F2 demo starting ASAP

1. Applicant

Name:	COMTECH MOBILE DATACOM CORP.	Phone Number:	240-686-3300
DBA Name:		Fax Number:	240-686-3301
Street:	20430 Century Boulevard	E-Mail:	david.ulanow@comtechmobile. com
City:	Germantown	State:	MD
Country:	USA	Zipcode:	20874 -
Attention:	Mr David A Ulanow		

2. Contact

Name:	Joan M. Griffin	Phone Number:	202-342-8573
Company:	Kelley Drye & Warren LLP	Fax Number:	202-342-8451
Street:	3050 K Street NW Suite 400	E-Mail:	jgriffin@kelleydrye.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20007 -
Attention:		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 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).

Governmental Entity Noncommercial educational licensee

Other (please explain):

4b. Fee Classification CGB – Mobile Satellite Earth Stations

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

05/01/2008

7. City Germantown

8. Latitude

(dd mm ss.s h) 39 11 33.0 N

9. State MD	10. Longitude (dd mm ss.s h) 77 16 3.0 W
11. Please supply any need attachments. Attachment 1: All attachments 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: 10px 0;">Request for 60-day STA to operate up to 20 mobile earth terminals having the antenna facilities and particulars of operation provided in the attached FCC Form 312 Schedule B on Inmarsat 4F2 at each of two locations (Germantown MD and Fort Monmouth NJ) starting ASAP. See attachment for more details.</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 John Fossaceca	15. Title of Person Signing Vice President, Engineering
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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