

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Application for STA to conduct testing with MSAT-1 and MSAT-2

1. Applicant

Name:	Mobile Satellite Ventures Subsidiary LLC	Phone Number:	703-390-2730
DBA Name:		Fax Number:	703-390-2770
Street:	10802 Parkridge Blvd	E-Mail:	jmanner@msvlp.com
City:	Reston	State:	VA
Country:	USA	Zipcode:	20191 -
Attention:	Jennifer A. Manner		

2. Contact

Name:	Bruce D. Jacobs	Phone Number:	202-663-8077
Company:	Pillsbury Winthrop Shaw Pittman LLP	Fax Number:	202-663-8007
Street:	2300 N Street NW	E-Mail:	bruce.jacobs@pillsburylaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20037 -
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 SESLIC2008020600131 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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
07/01/2008

7. City Napa	8. Latitude (dd mm ss.s h) 38 14 41.5 N
9. State CA	10. Longitude (dd mm ss.s h) 122 16 47.5 W
11. Please supply any need attachments. Attachment 1: Attachment 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;"> <p>Applicant seeks special temporary authority for 60 days to operate a fixed transmit-receive gateway earth station in Napa, CA to communicate with MSAT-1 and MSAT-2 for earth station equipment testing purposes.</p> </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 Jennifer A. Manner	15. Title of Person Signing Vice President, Regulatory Affairs
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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