

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA – Pearl City, HI (E860046)

1. Applicant

Name:	AT&T Corp.	Phone Number:	770-602-2065
DBA Name:		Fax Number:	770-929-4454
Street:	2315 Salem Road First Floor, H9	E-Mail:	pc924c@att.com
City:	Conyers	State:	GA
Country:	USA	Zipcode:	30013 –
Attention:	Pamela D Cheeks		

2. Contact

Name:	Pamela D. Cheeks	Phone Number:	770-602-2065
Company:	AT&T Corp.	Fax Number:	770-929-4454
Street:	2315 Salem Road	E-Mail:	pc924c@att.com or altnate phone# 770-513-2140
	First Floor, H9		
City:	Conyers	State:	GA
Country:	USA	Zipcode:	30013 -
Attention:		Relationship:	Other

(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 SESRWL2006121902200 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
08/07/2008

7. City Honolulu (Pearl City)	8. Latitude (dd mm ss.s h) 21 24 41.6 N
9. State HI	10. Longitude (dd mm ss.s h) 157 58 27.1 W
11. Please supply any need attachments. Attachment 1: Exhibit 1 Attachment 2: Exhibit 2 Attachment 3: Rad Haz	
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; width: fit-content; margin: 10px auto;">Request STA to change satellite arc and communicating satellite in order to continue voice and data service to the United States Navy. Existing services are on a satellite that is being deactivated on 8/7/2008.</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 James J.R. Talbot	15. Title of Person Signing Assistant Secretary
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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