APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KA249 ESV STA Sep 2008

1. Applicant

Name: Vizada, Inc. Phone Number: 301–838–7807

DBA Name: Fax Number: 301–838–7752

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. Contac	ct				
	Name:	Vizada, Inc.	Phone Number:	301-838-7909	
	Company:		Fax Number:	301-838-7752	
	Street:	1101 Wootton Parkway	E–Mail:	James.Lovelace@Vizada.com	
	City:	Rockville	State:	MD	
	Country:	USA	Zipcode:	20852 –	
	Attention:	James G. Lovelace	-	Other	
	Attention:	James G. Lovelace	Relationship:	Other	
If YesGove	s, complete and	y Noncommercial educati		mption (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type R	equest				
Use Prior to Grant Change Station Location Other					
•	sted Use Prior 1/218/2008	Date			
7. CitySaı	nta Paula		8. Latitude (dd mm ss		

9. State CA	10. Longitude					
J. State C11	(dd mm ss.s h) 119 4 29.4 W					
11. Please supply any need attachments.						
Attachment 1: Need Statement Attachment 2: Progress	s Report 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. requests special temporary authority to allow the continuation of C− band ESV services via Santa Paula Teleport (call sign KA249)						
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	15. Title of Person Signing					
James G. Lovelace	Security Officer					
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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