Approved by OMB
3060−0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:
WB36 STA − Inmarsat 4F3

1. Applicant

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
Company:	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 −
Attention:	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 SESAFS2008101401318 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 10/21/2008	
7. CitySouthbury	8. Latitude (dd mm ss.s h) 41 27 5.0 N

9. State CT	10. Longitude (dd mm ss.s h) 73 17 19.0 W

11. Please supply any need attachments.

Attachment 1: Ex. 1−WB36 4F3 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.)

Applicant Vizada, Inc. seeks special temporary authority to allow its Southbury, CT earth station WB36 to communicate with the Inmarsat 4F3 satellite to be located at 97.65 degrees W.L. For further information, see Exhibit 1.

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.

◉ Yes ○ No

14. Name of Person Signing Robert W. Swanson	15. Title of Person Signing Associate Counsel

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