

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Application to extend STA for additional 60 days.

1. Applicant

Name:	Norsat International America, Inc.	Phone Number:	410-263-8165
DBA Name:		Fax Number:	410-263-8166
Street:	93 Main Street, 3rd Floor, STE A	E-Mail:	psiddiqui@norsat.com
City:	Annapolis	State:	MD
Country:	USA	Zipcode:	21401 -
Attention:	Mr Randy W Witten		

2. Contact

Name:	Raul Magallanes	Phone Number:	2813171397
Company:	The Law Office of Raul Magallanes, PLLC	Fax Number:	2812718085
Street:	PO Box 1213	E-Mail:	info@rmtelecomlaw.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77549 -
Attention:	Raul Magallanes	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 SESSTA2008082301091 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
11/01/2008

7. City Gulf of Mexico	8. Latitude (dd mm ss.s h) 0 0 0.0 N
9. State LA	10. Longitude (dd mm ss.s h) 0 0 0.0 W
11. Please supply any need attachments. Attachment 1: Cover Letter 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;">Application to extend STA for additional 60 days.</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 Pervez Siddiqui	15. Title of Person Signing VP of Marketing
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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