APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Vizada E000284 STA 14 Nov 2008

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
4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain	ber SESSTA2008071600937 or d with this application? d attach FCC Form 159. If No ty Noncommercial education:	o, indicate reason for fee exemption ional licensee	on (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGB – Mobile Satellite Earth S	Stations	
5. Type Request			
Use Prior to Grant	O CI	nange Station Location	O Other
6. Requested Use Prior 11/19/2008	Date		
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0

9. State	10. Longitude			
7. State	(dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: E000284 STA Attach 1 Attachment 2:	Attachment 3:			
Attachment 1. Lood204 STA Attachment 2.	retachment 3.			
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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. seeks special temporary authority to allow up to 1,000 Inmarsat C mobile				
earth terminals to continue operating with the Inmarsat 4F2 satellite.				
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No				
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			
Robert W. Swanson	Associate Counsel			
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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