

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant

Name:	ITT Corporation	Phone Number:	321-494-7762
DBA Name:		Fax Number:	
Street:	PO Box 254307 Bldg. 989, A1-N24	E-Mail:	michael.carnell@itt.com
City:	Patrick AFB	State:	FL
Country:	USA	Zipcode:	32925 -4307
Attention:	Ms Michael D Carnell		

2. Contact

Name:	Michael D Carnell	Phone Number:	321-494-7762
Company:	ITT Corporation	Fax Number:	
Street:	PO Box 254307 Bldg. 989, A1-N24	E-Mail:	michael.carnell@itt.com
City:	Cape Canaveral	State:	FL
Country:	USA	Zipcode:	32920 -
Attention:	Michael D Carnell	Relationship:	Engineer

(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 or Submission ID IB2008002951

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
12/18/2008

7. City Cape Canaveral

8. Latitude
(dd mm ss.s h) 28 25 42.0 N

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