## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: E000284 STA - 4F3 Jan 7

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 SESSTA2008111401493 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 01/07/2009	Date		
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: E000284 STA Jan7 4F3 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.)				
Vizada, Inc. seeks special temporary authority to allow up to 1,000 Inmarsat C mobile earth terminals to communicate with the Inmarsat 4F3 satellite located at 97.65 degrees W. L.				
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			
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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