

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
NGST Earth Station STA 2009 -- Redondo Beach, CA

1. Applicant

Name:	Northrop Grumman Space & Mission Systems Corporation	Phone Number:	703-741-7727
DBA Name:		Fax Number:	703-741-7792
Street:	1000 Wilson Boulevard Suite 2300	E-Mail:	peter.hadinger@ngc.com
City:	Arlington	State:	VA
Country:	USA	Zipcode:	22209 -
Attention:	Mr Peter J Hadinger		

2. Contact			
Name:	Stephen D. Baruch	Phone Number:	202-416-6782
Company:	Lerman Senter PLLC	Fax Number:	202-429-4626
Street:	2000 K Street, N.W. Suite 600	E-Mail:	sbaruch@lermansenter.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 –
Attention:		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 SESSTA2008033100371 or Submission ID	

4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other(please explain):	

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station	
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5. Type Request	
<input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other	

6. Requested Use Prior Date 04/20/2009	
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7. CityRedondo Beach	8. Latitude (dd mm ss.s h) 33 50 44.0 N
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9. State CA	10. Longitude (dd mm ss.s h) 118 22 57.0 W
11. Please supply any need attachments. Attachment 1: Narrative Exhibit 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.) See Attachment for narrative description. April 20, 2009 Start Date requested.	
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 Peter J. Hadinger	15. Title of Person Signing Sector Business Development, Vice President
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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