## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E050276 STA − 4F3 March 7

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
<b>Country:</b>	USA	Zipcode:	20852 –
Attention:	Mr Robert W Swanson		

2. Contact							
Na	me:	Robert W. Swanson	Phone Nu	mber:	3018387807		
Co	mpany:	Vizada, Inc.	Fax Numb	ber:	3018387752		
Str	reet:	1101 Wootton Parkway	E-Mail:		robert.swanson@vizada.com		
		10th Floor					
Cit	t <b>y:</b>	Rockville	State:		MD		
Co	untry:	USA	Zipcode:		20852 –		
Att	tention:	Robert W. Swanson	Relations	nip:	Legal Counsel		
<ul> <li>(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.)</li> <li>3. Reference File Number SESSTA2008121901669 or Submission ID</li> </ul>							
<ul><li>4a. Is a fee submitted with this application?</li><li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li></ul>							
Governmental Entity O Noncommercial educational licensee							
• Other(please explain):							
4b. Fee Classification CGB – Mobile Satellite Earth Stations							
5. Type Request							
Use Prior to Grant     O Change Station Location     O Other							
6. Requested U 03/07/20		ate					
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: E050276 STA–297Feb09 Attachment 2:	Attachment 3:					
12. Description. (If the complete description does not appear in this be	ox, please go to the end of the form to view it in its entirety.)					
Vizada, Inc. requests special temporary autho to 5,000 BGAN mobile earth terminals with the 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 Robert W. Swanson	15. Title of Person Signing 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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