

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

WB36 3F4 STA Mar 2009

1. Applicant

| | | | |
|-------------------|------------------------------------|----------------------|---------------------------|
| Name: | Vizada, Inc. | Phone Number: | 301-838-7807 |
| DBA Name: | | Fax Number: | 301-838-7807 |
| Street: | 1101 Wootton Parkway 10th Floor | E-Mail: | robert.swanson@vizada.com |
| 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 10th Floor | E-Mail: | robert.swanson@vizada.com |
| City: | Rockville | State: | MD |
| Country: | USA | Zipcode: | 20852 – |
| Attention: | Robert W. Swanson | 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 SESSTA2008123101723 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 | | | |
| 5. Type Request <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other </div> | | | |
| 6. Requested Use Prior Date 03/08/2009 | | | |
| 7. City Southbury | | 8. Latitude (dd mm ss.s h) 41 27 5.3 N | |

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|--|--|
| 9. State CT | 10. Longitude (dd mm ss.s h) 72 17 19.4 W |
| 11. Please supply any need attachments. Attachment 1: 3F4 STA WB36 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.) <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> Vizada, Inc. requests special temporary authority to allow continuation of communications with the Inmarsat 3F4 satellite via its WB36 earth stations. </div> | |
| 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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div> | |
| 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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