APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E050276 STA – 27 April 2009

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	n Phone N	ımber:	301-838-7807				
Comp	any: Vizada, Inc.	Fax Num	ber:	301-838-7752				
Street	: 1101 Wootton Park	tway E–Mail:		rob.swanson@vizada.com				
	10th Floor							
City:	Rockville	State:		MD				
Count	ry: USA	Zipcode:		20852 –				
Attent	tion: Robert Swanson	Relations	ship:	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 SESSTA2009022700225 or Submission ID								
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 Classifica	tion CGX – Fixed Satelli	te Transmit/Receive Earth S	Station					
5. Type Request								
Use Prior to Grant O Change Station Location Other								
6. Requested Use								
05/06/2009								
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–27Apr09 Attachment 2:	Attachment 3:					
12. Description. (If the complete description does not appear in this bo	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	rity to allow the continued operation of up Inmarsat 4F3 satellite 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 Robert 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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