## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E050276 STA − 22 June 2009

1. Applicant

Name: Vizada, Inc. Phone Number: 301–838–7807

**DBA Name:** Fax Number: 301–838–7752

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	Phone Number:	3018387807
Company:	Vizada, Inc.	Fax Number:	3018387752
Street:	1101 Wootton Parkway	E–Mail:	rob.swanson@vizada.com
	10th Floor		
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 –
Attention:	Robert Swanson	Relationship:	Legal Counsel
4a. Is a fee submitted  If Yes, complete and Governmental Entit Other(please explain	ber SESSTA2009042800526 or d with this application? d attach FCC Form 159. If No ty Noncommercial education):	, 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	
<ul><li>5. Type Request</li><li>Use Prior to Grant</li></ul>	<b>o</b> Ch	nange Station Location	Other
-	•		<del>-</del>
6. Requested Use Prior 07/05/2009	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: E050276 STA−22 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. requests special temporary authority to allow the continued operation of up					
to 5,000 BGAN mobile earth terminals with the 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	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).					
(5.2. 5525, 1.1.e 11, 555451 512 (21, 17), 11 12 1512 (5.5. 5536, 11.e 11, 566461 555).					

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