

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
KVH Industries, Inc. Application for Extension of STA

1. Applicant

Name:	KVH Industries, Inc.	Phone Number:	401-845-8148
DBA Name:		Fax Number:	401-845-8116
Street:	50 Enterprise Center	E-Mail:	ffeingold@kvh.com
City:	Middletown	State:	RI
Country:	USA	Zipcode:	02842 -
Attention:	Ms Felise Feingold		

2. Contact

Name:	Mr. Carlos Nalda	Phone Number:	202-626-6659
Company:	Squire, Sanders & Dempsey L.L.P.	Fax Number:	
Street:	1201 Pennsylvania Avenue, NW Suite 500	E-Mail:	CNalda@ssd.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	-
Attention:	Mr. Carlos Nalda	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 SESSTA2009042800525 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 Classification CGB – Mobile Satellite Earth Stations

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
07/10/2009

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: Narrative Statement 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: 5px; margin: 10px 0;">KVH requests a 60-day extension of the Special Temporary Authority granted in SES-STA-20090428-00525 to permit the continued operation of up to 600 earth stations on vessels via the gateway earth station located in Kapolei, HI (Call Sign E010236).</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Felise Feingold	15. Title of Person Signing Vice President and General 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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