APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KA249 ESV STA July 2009

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						
2. Contact						
Name:	Vizada, Inc.	Phone Number:	301-838-7909			
Compar	ny:	Fax Number:	301-838-7752			
Street:	1101 Wootton Parkway	E-Mail:				
City:	Rockville	State:	MD			
Country	V: USA	Zipcode:	20852 –			
Attentio	n: James G. Lovelace	Relationship:	Other			
(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 SESMOD2007052300709 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 ONOncommercial educational licensee						
• Other(please explain):						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request						
Use Prior to Grant O Change Station Location Other						
	ant y	Change Station Location	U outer			
6. Requested Use P 07/14/2009	rior Date					
7. CitySanta Paula		8. Latitude (dd mm ss.s	sh) 34 24 5.0 N			
		(dd fillif SS.)	5 H J J Z T J I V			

9. State CA	10. Longitude (dd mm ss.s h) 119 4 29.4 W						
11. Please supply any need attachments.							
Attachment 1: Progress Report Attachment 2: Need St	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 continuation of C− Band ESV services via Santa Paula teleport (call sign KA249) 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 James G. Lovelace	15. Title of Person Signing Security Officer						
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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