APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E050276 – 31 Aug 2009 STA Renewal

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 Swanson	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 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 SESSTA2009062200776 or Submission ID						
If Yes, complete an	ity 👩 Noncommercial educat		ption (see 47 C.F.R.Section 1.1114).			
4b. Fee Classification CGB – Mobile Satellite Earth Stations						
5. Type Request						
Use Prior to Grant Change Station Location Other						
6. Requested Use Prior 09/04/2009	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-31Aug09 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 autho to 5,000 BGAN mobile earth terminals with the						
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 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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