APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: KA249 ESV STA JAN 2010

1. Applicant							
Na	me:	Vizada, Inc.	Phone Number:	301-838-7807			
DB	A Name:		Fax Number:	301-838-7807			
Str	reet:	2600 Tower Oaks Boulevard	E-Mail:	robert.swanson@vizada.com			
Cit	y:	Rockville	State:	MD			
Co	untry:	USA	Zipcode:	20852 –			
Att	tention:	Mr Robert W Swanson					

1 Comtant							
2. Contact							
Name:	Vizada, Inc.	Phone Number:	301-838-7909				
Company:		Fax Number:	301-838-7752				
Street:	2600 Tower Oaks Boulevard	E–Mail:	james.lovelace@vizada.com				
City:	Rockville	State:	MD				
Country:	USA	Zipcode:	-				
Attention:	James G. Lovelace	Relationship:	Other				
(If your application is rel	lated to an application filed with th	ne Commission, enter eith	her the file number or the IB Submission ID of the related				
application. Please enter							
3. Reference File Numb	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 • Noncommercial educational licensee							
• Other(please explain):							
4b. Fee Classification	CGX – Fixed Satellite Transmit/Re	eceive Earth Station					
5. Type Request							
Use Prior to Grant Change Station Location Other							
6. Requested Use Prior I	Date						
01/11/2010							
7. CitySanta Paula		8. Latitude	,				
		(dd mm ss.	.s h) 34 24 5.0 N				

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	atement 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. request 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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