APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for Special Temporary Authority for E000035

1. Applicant

Name: SPACENET SERVICES Phone Number: 703–848–1000

LICENSE SUB, INC.

DBA Name: Fax Number: 703–848–1184

Street: 1750 OLD MEADOW ROAD E-Mail: lesley.cooper@spacenet.com

City: MCLEAN State: VA

Country: USA Zipcode: 22102 -

Attention: Lesley Cooper

2. Contact							
	Name:	Lesley Cooper	Phone Nu	mber:	703-848-1000		
ı	Company:	SPACENET SERVICES LICENSE SUB, INC.	Fax Numb	ber:	703-848-1184		
1	Street:	1750 OLD MEADOW ROAD	E–Mail:		lesley.cooper@spacenet.com		
	City:	MCLEAN	State:		VA		
,	Country:	USA	Zipcode:		22102 –		
	Attention:	Lesley Cooper	Relationsl	hip:	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 or Submission ID							
		with this application? attach FCC Form 159. If No, inc	dicate reason t	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/Receive Earth Station							
5. Type Red	quest						
Use Pr	ior to Grant	O Chang	ge Station Loc	cation	O Other		
•	ed Use Prior D 1/2010	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: Description 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.)						
Request for Special Temporary Authority for E000035 to add Galaxy 18 as a point of communication for 0.75 meter antennas.						
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 Lesley Cooper	15. Title of Person Signing Senior 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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