## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for STA to Operate Receive–Only Antenna at Paumalu, Hawaii

1. Applicant					
Name:	Inmarsat Hawaii Inc.	Phone Number:	202-248-5155		
<b>DBA Name:</b>		Fax Number:	202-248-5186		
Street:	1101 Connecticut Avenue NW	E-Mail:	diane_cornell@inmarsat.com		
	Suite 1200				
City:	Washington	State:	DC		
<b>Country:</b>	USA	Zipcode:	20036 –		
Attention:	Diane J Cornell				

2. Contact					
Name:	Inmarsat Hawaii Inc.	Phone Number	202-248-5155		
Company:		Fax Number:	202–248–5186		
Street:	1101 Connecticut Avenue NW	E-Mail:	diane_cornell@inmarsat.com		
	Suite 1200				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20036 –		
Attention:		<b>Relationship:</b>			
<ul> <li>application. Please enter only one.)</li> <li>3. Reference File Number SESMODINTR201000493 or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>					
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Request       Ise Prior to Grant       Change Station Location       Other					
6. Requested Use Prior 02/11/2010	Date				
7. CityHaleiwa		8. Lat (dd m	itude m ss.s h) 21 40 10.1 N		

9. State HI	10. Longitude (dd mm ss.s h) 158 1 59.2 W				
11. Please supply any need attachments.					
Attachment 1: Exhibit AAttachment 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.)					
See Exhibit A. 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 Diane J. Cornell	15. Title of Person Signing Director				
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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