

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter 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
DBA Name:		Fax Number:	202-248-5186
Street:	1101 Connecticut Avenue NW Suite 1200	E-Mail:	diane_cornell@inmarsat.com
City:	Washington	State:	DC
Country:	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 Suite 1200	E-Mail:	diane_cornell@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:		Relationship:	

(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 SESMODINTR201000493 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/Receive Earth Station

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

02/11/2010

7. City Haleiwa

8. Latitude

(dd mm ss.s h) 21 40 10.1 N

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