

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 re

1. Applicant

Name:	Lockheed Martin Corporation	Phone Number:	703-413-5970
DBA Name:		Fax Number:	703-413-5908
Street:	2121 Crystal Drive Suite 100	E-Mail:	jennifer.warren@lmco.com
City:	Arlington	State:	VA
Country:	USA	Zipcode:	22202 -
Attention:	Ms Jennifer Warren		

2. Contact

Name:	Stephen D. Baruch	Phone Number:	202-416-6782
Company:	Lerman Senter PLLC	Fax Number:	202-293-7783
Street:	2000 K Street, NW Suite 600	E-Mail:	sbaruch@lermansenter.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -1809
Attention:		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 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

05/18/2010

7. City Carpentersville

8. Latitude

(dd mm ss.s h) 40 38 39.0 N

9. State NJ	10. Longitude (dd mm ss.s h) 75 11 29.0 W
11. Please supply any need attachments. Attachment 1: Attachment 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Lockheed Martin Corp. requests authority to use its Carpentersville, NJ earth station to support post-launch/early-operations TT&C for Astra 3B satellite. Action requested by 5/18/2010, to support scheduled 5/21/2010 launch. See Attachment</div>	
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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Jennifer Warren	15. Title of Person Signing Vice President, Technology Policy & Regulation
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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