

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Broadpoint Wireless License Co., LLC -- Request for STA for Common Carrier VSAT Authorizations

1. Applicant

Name:	Broadpoint Wireless License Co., LLC	Phone Number:	610-535-6900
DBA Name:		Fax Number:	610-672-0648
Street:	170 S. Warner Road	E-Mail:	jdfoxman@chinookwireless.com
	Suite 104		
City:	Wayne	State:	PA
Country:	USA	Zipcode:	19087 -
Attention:	Jonathan D. Foxman		

2. Contact

Name:	Todd Slamowitz	Phone Number:	703-584-8678
Company:	Lukas, Nace, Gutierrez & Sachs, LLP	Fax Number:	703-584-8696
Street:	8300 Greensboro Drive Suite 1200	E-Mail:	TSlamowitz@fcclaw.com
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 -
Attention:	Todd Slamowitz	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 IB2010001384

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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
05/27/2010

7. City Gulf of Mexico	8. Latitude (dd mm ss.s h) 0 0 0.0 N
9. State LA	10. Longitude (dd mm ss.s h) 0 0 0.0 W
11. Please supply any need attachments. Attachment 1: Confidential Treatme 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: 10px 0;">Request for Special Temporary Authority for the common carrier VSAT authorizations listed in application SES-ASG-20100429-00505 (IB2010001384).</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 Jonathan D. Foxman	15. Title of Person Signing President and CEO
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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