APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: WB36 June 2010 STA Ext. for Telstar 11N 13.75−14.0 GHz Communication

1. Applicant					
Name:	Vizada, Inc.	Phone Number:	301-838-7807		
DBA Name:		Fax Number:	301-838-7824		
Street:	2600 Tower Oaks Boulevard	E-Mail:	rob.swanson@vizada.com		
City:	Rockville	State:	MD		
Country:	USA	Zipcode:	20852 –		
Attention:	Mr Robert W Swanson				

2. Contact					
Name:	Vizada, Inc.	Phone Number:	301-838-7909		
Company:		Fax Number:	301-838-7824		
Street:	2600 Tower Oaks Boulevard	E–Mail:	james.lovelace@vizada.com		
City:	Rockville	State:	MD		
Country:	USA	Zipcode:	20852 –		
Attention:	James G, Lovelace	Relationship:	Other		
		e Commission, enter eithe	er the file number or the IB Submission ID of the related		
application. Please enter	er only one.) hber SESSTA2010040500387 or Su	hurianian 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	t O Chang	ge Station Location	• Other		
6. Requested Use Prior	Date				
06/08/2010					
7. CitySouthbury		8. Latitude			
		(dd mm ss.s	h) 41 27 5.0 N		

9. State CT	10. Longitude (dd mm ss.s h) 73 17 19.4 W					
11. Please supply any need attachments.						
Attachment 1: Need StatementAttachment 2: STA Co	nditions 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.)						
Special Temporary Authority requested for WB36 SBY30/VER 9 Meter Hub Antenna to continue to utilize 13.75-14.0 GHz to communicate with Telstar 11N Satellite. Vizada fully complies with the STA conditions (Attachment 2) and will continue to do so.						
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 James G. Lovelace	15. Title of Person Signing Security Officer					
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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