

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
WB36 Aug 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

(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 SESSTA2010060800681 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

08/09/2010

7. City Southbury

8. Latitude

(dd mm ss.s h) 41 27 5.3 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 Statement Attachment 2: STA Conditions 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;">Special Temporary Authority requested for WB36 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.</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 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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