

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA (MSAT relocation) renewal request for Spike (E990143)

**1. Applicant**

<b>Name:</b>	COMTECH MOBILE DATACOM CORP.	<b>Phone Number:</b>	240-686-3300
<b>DBA Name:</b>		<b>Fax Number:</b>	240-686-3301
<b>Street:</b>	20430 Century Boulevard	<b>E-Mail:</b>	john.fossaceca@comtechmobile. com
<b>City:</b>	Germantown	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20874 -
<b>Attention:</b>	John Fossaceca		

**2. Contact**

<b>Name:</b>	Joan M. Griffin	<b>Phone Number:</b>	202-342-8573
<b>Company:</b>	Kelley Drye & Warren LLP	<b>Fax Number:</b>	202-342-8451
<b>Street:</b>	3050 K Street NW Suite 400	<b>E-Mail:</b>	jgriffin@kelleydrye.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20007 -
<b>Attention:</b>		<b>Relationship:</b>	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 CGB – Mobile Satellite Earth Stations

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

7. City

8. Latitude  
(dd mm ss.s h) 0 0 0.0



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