## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

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Name: COMTECH MOBILE Phone Number: 240–686–3300

DATACOM CORP.

**DBA Name:** Fax Number: 240–686–3301

Street: 20430 Century Boulevard E–Mail: john.fossaceca@comtechmobile.

com

City: Germantown State: MD

Country: USA Zipcode: 20874 -

**Attention:** John Fossaceca

2. Contact					
Name:	Joan M. Griffin	Phone Number:	202-342-8573		
Company:	Kelley Drye & Warren LLP	Fax Number:	202-342-8451		
Street:	3050 K Street NW	E–Mail:	jgriffin@kelleydrye.com		
	Suite 400				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20007 –		
Attention:		Relationship:	Legal Counsel		
<ul><li> If Yes, complete and</li><li> Governmental Entit</li><li> Other(please explain</li></ul>	ber or Submission ID  I with this application? I attach FCC Form 159. If No, if  y Noncommercial education n):	nal licensee	on (see 47 C.F.R.Section 1.1114).		
4b. Fee Classification CGB – Mobile Satellite Earth Stations					
5. Type Request  O Use Prior to Grant  O Change Station Location  O Other					
6. Requested Use Prior	Date				
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0		

9. State	10. Longitude					
	(dd mm ss.s h) 0 0 0.0					
11. Please supply any need attachments.						
Attachment 1: STA renewal request 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.)						
Request to renew or extend STA granted in SES-STA-20101112-01422 (use of MSAT-2 in						
locations other than as on license). This STA expires on 2/4/11.						
L						
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	15. Title of Person Signing					
John Fossaceca	COO					
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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