## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA – Paumalu, HI 19m Antenna (LEOP)

1. Applicant

Name: Inmarsat Hawaii Inc. **Phone Number:** 202–248–5155

**DBA Name:** Fax Number: 202–248–5186

Street: 1101 Connecticut Avenue NW E–Mail: diane\_cornell@inmarsat.com

Suite 1200

City: Washington State: DC

Country: USA Zipcode: 20036 -

**Attention:** Diane J Cornell

2. Contact			
Name:	Chris Murphy	Phone Number:	202-248-5158
Company:		Fax Number:	202-248-5186
Street:	1101 Connecticut Avenue NW	E-Mail:	chris_murphy@inmarsat.com
	Suite 1200		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:		Relationship:	
application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain	r only one.) ber or Submission ID d with this application? d attach FCC Form 159. If No, inc ty Noncommercial educations n):	dicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGX - Fixed Satellite Transmit/Re	eceive Earth Station	
5. Type Request			
O Use Prior to Grant	Chang	ge Station Location	Other
6. Requested Use Prior 03/27/2011	Date		
7. CityHaleiwa		8. Latitude (dd mm ss.s h) 21 40 14.6 N	

9. State HI	10. Longitude (dd mm ss.s h) 158 2 3.1 W			
11. Please supply any need attachments.				
Attachment 1: Exhibit A 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.)				
See Exhibit A.				
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 Diane J. Cornell	15. Title of Person Signing Director			
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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