

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

**1. Applicant**

<b>Name:</b>	Inmarsat Hawaii Inc.	<b>Phone Number:</b>	202-248-5155
<b>DBA Name:</b>		<b>Fax Number:</b>	202-248-5186
<b>Street:</b>	1101 Connecticut Avenue NW Suite 1200	<b>E-Mail:</b>	diane_cornell@inmarsat.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Attention:</b>	Diane J Cornell		

**2. Contact**

<b>Name:</b>	Chris Murphy	<b>Phone Number:</b>	202-248-5158
<b>Company:</b>	Inmarsat Hawaii	<b>Fax Number:</b>	
<b>Street:</b>	1101 Connecticut Ave, NW Suite 1200	<b>E-Mail:</b>	chris_murphy@inmarsat.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	-
<b>Attention:</b>		<b>Relationship:</b>	

(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    CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
08/24/2011

7. City Haleiwa

8. Latitude  
(dd mm ss.s h) 21 40 14.6 N



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