

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA to operate 15-m over T14 to test (October 2011)

1. Applicant

Name:	Telesat Network Services, Inc.	Phone Number:	908-698-4882
DBA Name:		Fax Number:	908-719-0226
Street:	135 Routes 202/206	E-Mail:	rcondurso@telesat.com
City:	Bedminster	State:	NJ
Country:	USA	Zipcode:	07921 -1538
Attention:	Mr Robert Concurso		

2. Contact

Name:	Joseph A. Godles	Phone Number:	202-429-4900
Company:	Goldberg, Godles, Wiener & Wright	Fax Number:	202-429-4912
Street:	1229 19th Street, N.W.	E-Mail:	jgodles@g2w2.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:		Relationship:	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 SESMOD2011041500459 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
10/12/2011

7. CityMount Jackson	8. Latitude (dd mm ss.s h) 38 43 42.0 N
9. State VA	10. Longitude (dd mm ss.s h) 78 39 25.0 W
11. Please supply any need attachments.	
Attachment 1: STA	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.)	
<div style="border: 1px solid black; padding: 10px;"> <p>Applicant hereby requests Special Temporary Authority to operate its 15-m antenna, which is licensed under Call Sign KA399 and is located at its teleport in Mt. Jackson, Virginia, to perform the test described herein.</p> </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="checked" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Robert Condurso	15. Title of Person Signing Director, Govt and Regulatory Affairs
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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