

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Application for Special Temporary Authority for VSAT – Call Sign E120012

1. Applicant

Name:	NEW CINGULAR WIRELESS PCS, LLC	Phone Number:	202-457-3068
DBA Name:		Fax Number:	202-457-3071
Street:	1120 20th Street, NW Suite 1000	E-Mail:	anisa.a.latif@att.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:	Anisa A. Latif		

2. Contact

Name:	Michael P. Goggin	Phone Number:	202-457-2055
Company:	AT&T Mobility LLC	Fax Number:	202-457-3073
Street:	1120 20th Street, NW Suite 1000	E-Mail:	michael.p.goggin@att.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:		Relationship:	

(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 SESLIC2012010600023 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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
01/23/2012

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 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">New Cingular Wireless PCS, LLC requests Special Temporary Authority to operate a demonstration unit for its VSAT earth station (call sign E120012) for 60 days pending grant of a recently filed application seeking regular authority.</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="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Michael P. Goggin	15. Title of Person Signing Asst. Secretary of Manager
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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