

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
KA313 Sailor 900 STA Extension April 2012

1. Applicant

Name:	Vizada, Inc.	Phone Number:	301-838-7807
DBA Name:		Fax Number:	301-838-7752
Street:	2600 Tower Oaks Boulevard	E-Mail:	rob.swanson@vizada.com
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 -
Attention:	Mr Robert W Swanson		

2. Contact

Name:	Vizada, Inc.	Phone Number:	301-838-3839
Company:		Fax Number:	301-838-7752
Street:	2600 Tower Oaks Boulevard	E-Mail:	james.lovelace@vizada.com
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 -
Attention:	James G. Lovelace	Relationship:	Other

(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 SESAFS2011112101381 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
04/23/2012

7. City Southbury

8. Latitude
(dd mm ss.s h) 41 27 5.3 N

9. State CT	10. Longitude (dd mm ss.s h) 72 17 19.4 W
11. Please supply any need attachments. Attachment 1: Need Statement 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;">Vizada, Inc. requests a grant of Special Temporary Authority Extension in order to continue to operate Thrane & Thrane Model TT-7090A Sailor 900 1.0 meter Ku-band remote antennas to provide ESV service pursuant to call sign KA313 ESV Authorization.</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 James G. Lovelace	15. Title of Person Signing Security Officer
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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