APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for STA/Testing Authority

1. Applicant							
	Name: DBA Name:	SATCOM Digital Networks, LLC	Phone Number: Fax Number:	724-898-3272			
	Street:	20 Leonberg Rd. Suite E	E-Mail:	dave@satcomsystems.com			
	City:	Cranberry Township	State:	РА			
	Country:	USA	Zipcode:	16066 –			
	Attention:	David C. Chisholm					

2. Contact							
Name:	FRANK R. JAZZO, ESQ.	Phone Number:	703-812-0470				
Company	: FLETCHER, HEALD & HILDRETH, P.L.C.	Fax Number:	703-812-0486				
Street:	1300 NORTH 17TH STREET	E–Mail:	jazzo@fhhlaw.com				
	11TH FLOOR						
City:	ARLINGTON	State:	VA				
Country:	USA	Zipcode:	22209 –				
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 or Submission ID IB2012001749 4a. Is a fee submitted with this application? 							
		dicate reason for fee ex-	emption (see 47 C.F.R.Section 1.1114).				
O Governmental En	tity O Noncommercial educationa	l licensee					
• Other(please explain):							
4b. Fee Classification CGS – Fixed Satellite Small Transmit/Receive Earth Station							
5. Type Request							
Use Prior to Grant O Change Station Location O Other							
6. Requested Use Prio 08/10/2012	or Date						

7. CityCranberry	8. Latitude (dd mm ss.s h) 40 42 25.0 N					
9. State PA	10. Longitude (dd mm ss.s h) 80 5 44.0 W					
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.)						
SATCOM Digital Networks, LLC requests a 60-day STA to conduct on-site testing in the extended Ku-Band in preparation of operations using Amazonas-1.						
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 David Chisholm	15. Title of Person Signing President					
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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