

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

**1. Applicant**

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

**2. Contact**

<b>Name:</b>	FRANK R. JAZZO, ESQ.	<b>Phone Number:</b>	703-812-0470
<b>Company:</b>	FLETCHER, HEALD & HILDRETH, P.L.C.	<b>Fax Number:</b>	703-812-0486
<b>Street:</b>	1300 NORTH 17TH STREET 11TH FLOOR	<b>E-Mail:</b>	jazzo@fhhlaw.com
<b>City:</b>	ARLINGTON	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	22209 -
<b>Attention:</b>		<b>Relationship:</b>	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?

- 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 CGS – Fixed Satellite Small Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
08/10/2012



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