APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Sea Tel Cobham STA

1	A .		1: ~.	~ 4
1.	A	pp	HC	ant

Name: Stratos Offshore Services Phone Number: 301–968–1951

Company

DBA Name: Fax Number: 301–214–2234

Street: 6550 Rock Spring Drive E–Mail: regan.rishel@inmarsat.com

Suite 650

City: Bethesda State: MD

Country: USA Zipcode: 20817 -

Attention: Ms. Regan Rishel

2. Contact						
1	Name:	Regan Rishel	Phone Nu	ımber:	301-968-1951	
(Company:	Stratos Offshore Services Company	Fax Num	ber:	301-214-2234	
S	Street:	6550 Rock Spring Drive	E–Mail:		regan.rishel@inmarsat.com	
(City:	Bethesda	State:		MD	
(Country:	USA	Zipcode:		20817 –	
A	Attention:	Regan Rishel	Relations	ship:	Same	
application.	Please enter		the Commission	on, enter either the	e file number or the IB Submission ID of the relate	d
		with this application? attach FCC Form 159. If No,	indicate reason	for fee exemption	n (see 47 C.F.R.Section 1.1114).	
Govern	mental Entity	Noncommercial education	onal licensee			
Other(p	olease explain):				
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Req	uest					
O Use Prior to Grant O Change Station Location O Other						
•	d Use Prior D 0/2012	Date				

7. CityConcord	8. Latitude (dd mm ss.s h) 38 0 24.1 N					
9. State CA	10. Longitude (dd mm ss.s h) 122 2 37.1 W					
11. Please supply any need attachments.						
Attachment 1: Request For STA Attachment 2: Freq. Co	ordination Attachment 3: Rad. Hazard Report					
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.)						
See Attached Request for STA						
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 Bruce Henoch	15. Title of Person Signing Duly Authorized Representative					
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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