## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for Special Temporary Authority (STA) E990143

1. Applicant

Name: COMTECH MOBILE Phone Number: 240–686–3300

DATACOM CORP.

**DBA Name: Fax Number:** 240–686–3301

Street: 20430 Century Boulevard E–Mail: greg.

handermann@comtechmobile.com

City: Germantown State: MD

Country: USA Zipcode: 20874 -

**Attention:** Mr Greg Handermann

2. Contact			
Name:	Edward Yorkgitis	Phone Number:	202-342-8540
Company:	Kelley Drye & Warren, LLP	Fax Number:	202-342-8451
Street:	3050 K Street, NW	E–Mail:	cyorkgitis@kelleydrye.com
	#400		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20007 –
Attention:		Relationship:	Legal Counsel
4a. Is a fee submittee  If Yes, complete an	ber SESMOD2013020600159 or d with this application? d attach FCC Form 159. If No, is ty Noncommercial education in):	ndicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGB – Mobile Satellite Earth Sta	tions	
5. Type Request			
6. Requested Use Prior 05/04/2013	Date		
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.)				
Comtech Mobile Datacom Corporation Request for Special Temporary Authority License E990143				
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 Greg Handermann	15. Title of Person Signing SVP, Government Programs			
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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