

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Panasonic application for renewal and expansion of 60-day STA to operate Aura LE

1. Applicant

Name:	Panasonic Avionics Corporation	Phone Number:	949-462-1683
DBA Name:		Fax Number:	
Street:	26200 Enterprise Way	E-Mail:	mark.defazio@panasonic.aero
City:	Lake Forest	State:	CA
Country:	USA	Zipcode:	92630 -
Attention:	Mark DeFazio		

2. Contact

Name:	Carlos M. Nalda	Phone Number:	202-626-6659
Company:	Squire Sanders (US) LLP	Fax Number:	
Street:	1200 19th Street NW	E-Mail:	carlos.nalda@squiresanders.com
	Suite 300		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:	Carlos Nalda	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 SESSTA2012091300820 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 CGB – Mobile Satellite Earth Stations

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
05/21/2013

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: Narrative 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;">Panasonic application for renewal and expansion of 60-day STA to operate Aura LE. Panasonic requests an additional 60 days of authority as well as an increase in the number of authorized terminals.</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 Mark DeFazio	15. Title of Person Signing Manager, GCS Regulatory and Business Operations
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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