APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for Renewal and Extension of STA (E990143)

1. Applicant			
Name:	COMTECH MOBILE DATACOM CORP.	Phone Number:	240-686-2146
DBA Name:		Fax Number:	240-686-3301
Street:	20430 Century Boulevard	E–Mail:	John.Fossaceca@comtechmobile. com
City:	Germantown	State:	MD
Country:	USA	Zipcode:	20874 –
Attention:	Mr. John Fossaceca		

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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		
	Suite 400				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20007 –		
Attention:		Relationship:	Legal Counsel		
 application. Please enter 3. Reference File Numb 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain 	t only one.) Seer SESMOD2013020600159 or Second attach for the second s	Submission ID ndicate reason for fee exempt al licensee	the file number or the IB Submission ID of the related		
4b. Fee Classification CGB – Mobile Satellite Earth Stations					
5. Type Request Image: Station Location Image: Station Location Other					
6. Requested Use Prior 1 07/03/2013	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 Renewal RequestAttachment 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 Renewal and Extension of STA Granted for 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 John Fossaceca	15. Title of Person Signing Chief Operating Officer				
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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