

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

30 Day STA for MacDill AFP O3b Demo 1.8m

1. Applicant

Name:	SES Government Solutions, Inc.	Phone Number:	703-610-0906
DBA Name:		Fax Number:	703-610-1030
Street:	2010 Corporate Ridge, Suite 550	E-Mail:	joe.oloughlin@ses-gs.com
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 -
Attention:	Mr Joseph A O'Loughlin		

2. Contact

Name:	Karis Hastings	Phone Number:	202-599-0975
Company:	SatCom Law LLC	Fax Number:	
Street:	1317 F Street, N.W. Suite 400	E-Mail:	karis@satcomlaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -
Attention:		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 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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

7. City Tampa

8. Latitude
(dd mm ss.s h) 27 50 34.7 N

9. State FL	10. Longitude (dd mm ss.s h) 82 28 59.4 W
11. Please supply any need attachments. Attachment 1: Narr and Annexes 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;">SES Government Solutions seeks FCC special temporary authority for a period of 30 days beginning October 15, 2014, to operate an earth station at MacDill AFP in Tampa, FL, with the O3b U.K.-licensed non-geostationary Ka-band satellite system for testing and demonstration purposes only.</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 Joseph A. O'Loughlin	15. Title of Person Signing CTO
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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