

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

KA25 STA to operate with I4F3 at 98.0 WL

1. Applicant

Name:	Inmarsat Hawaii Inc.	Phone Number:	202-248-5158
DBA Name:		Fax Number:	
Street:	1101 Connecticut Avenue NW Suite 1200	E-Mail:	chris.murphy@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:	Chris Murphy		

2. Contact

Name:	Chris Murphy	Phone Number:	202-248-5158
Company:	Inmarsat Hawaii Inc.	Fax Number:	
Street:	1101 Connecticut Avenue NW Suite 1200	E-Mail:	chris.murphy@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:	Chris Murphy	Relationship:	Same

(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

10/03/2014

7. City Haleiwa

8. Latitude

(dd mm ss.s h) 21 40 14.6 N

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