APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E080059 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 E-Mail: chris.murphy@inmarsat.com

Suite 1200

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Chris Murphy

2. Contact							
Namo	e: Ch	nris Murphy	Phone Nu	ımber:	,	202-248-5158	
Com	pany: In	marsat Hawaii Inc.	Fax Num	ber:			
Stree	e t: 11	01 Connecticut Avenue NW	E–Mail:		(chris.murphy@inmarsat.com	
	Su	ite 1200					
City:	W	ashington	State:			DC	
Coun	ntry: US	SA	Zipcode:		2	20036 –	
Atter	ntion: Cl	nris Murphy	Relations	ship:		Same	
4a. Is a fee su If Yes, comp	e Number but but but better and attached and Entity	or Submission ID th this application? ach FCC Form 159. If No, Noncommercial education		for fee exemptio	n (see 47 (C.F.R.Section 1.1114).	
4b. Fee Classific	ation CGX	X – Fixed Satellite Transmit	Receive Earth S	Station			
5. Type Request							
 Use Prior to Grant Change Station Location Other 							
6. Requested Use 10/03/2014							
7. CityHaleiwa				8. Latitude (dd mm ss.s h)	21 40	10.4 N	

9. State HI	10. Longitude (dd mm ss.s h) 158 1 59.4 W						
11. Please supply any need attachments.							
Attachment 1: Description 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.)							
See attachment.							
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 Chris Murphy	15. Title of Person Signing Director						
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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