

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
KA25 STA for LEOP with I5 F2

1. Applicant

Name: Inmarsat Hawaii Inc. Phone Number: 202-248-5158
DBA Name: DBA Name: Fax Number: 202-248-5186
Street: 1101 Connecticut Avenue NW E-Mail: chris.murphy@inmarsat.com
Suite 1200
City: Washington State: DC
Country: USA Zipcode: 20036
Attention: Chris Murphy

30 days "with conditions"



File # SES-STA-20141110-00846

Call Sign KA25 Date 01/26/2015
(or other identifier)

Term Dates From 01/29/2015 To 02/25/2015

Approved: *Chris E. Hester*

Applicant: Inmarsat Hawaii Inc.
Call Sign: KA25
File No.: SES-STA-20141110-00846
Special Temporary Authority (STA)

Inmarsat Hawaii Inc. is granted, under the following conditions, STA for 30 days, to operate its fixed antenna earth station at Haleiwa, Hawaii, to provide telemetry, tracking and command (TT&C) to the Inmarsat-5 F2 satellite during its Launch and Early Orbit Phases (LEOP) on the center frequencies: 4199.0 and 4199.5 MHz (space-to-Earth) and 5926.5 and 6422.5 MHz (Earth-to-space).

1. All operations shall be on an unprotected and non-harmful interference basis, Inmarsat Hawaii Inc., KA25, shall not cause harmful interference to, and shall not claim protection from, interference caused to it by any other lawfully operating station and it shall cease transmission(s) immediately upon notice of such interference.

2. Inmarsat must coordinate operations with

- a. WEE501: HONOLULU, CITY & COUNTY, DEPT OF INFORMATION TECHNOLOGY, TECHNICAL SUPPORT DIVISION
- b. WEE502: HONOLULU, CITY & COUNTY, DEPT OF INFORMATION TECHNOLOGY, TECHNICAL SUPPORT DIVISION
- c. WEE514: HONOLULU, CITY & COUNTY, DEPT OF INFORMATION TECHNOLOGY, TECHNICAL SUPPORT DIVISION
- d. WPQL697: AT&T Corp.
- e. WPQT641: AT&T Corp.
- f. WQVB361: New Cingular Wireless PCS, LLC
- g. WQVB362: New Cingular Wireless PCS, LLC

3. In the event of any harmful interference under this grant of special temporary authority, Inmarsat Hawaii Inc., must cease operations immediately upon notification of such interference, and must inform the Commission, in writing, immediately of such an event.

4. Grant of the STA is without prejudice to any determination that the Commission may make regarding pending applications.

5. Any action taken or expense incurred as a result of operations pursuant to this special temporary authority is solely at Inmarsat Hawaii Inc.'s risk.

6. This action is issued pursuant to Section 0.261 of the Commission's rules on delegated authority, 47 C.F.R. § 0.261, and is effective immediately.



File# SES-STA-20141110-00846 *With conditions*
Call Sign KA25 Grant Date 01/26/2015
(or other identifier)
Term Dates
From 01/27/2015 To 02/25/2015
Approved: Paul E. Allen

2. Contact

Name: Chris Murphy **Phone Number:** 202-248-5158
Company: Inmarsat Hawaii Inc. **Fax Number:** 202-248-5186
Street: 1101 Connecticut Ave, NW **E-Mail:** chris.murphy@inmarsat.com
 Suite 1200
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
01/27/2015

7. City Haleiwa 8. Latitude
(dd mm ss.s h) 21 40 14.6 N

9. State HI	10. Longitude (dd mm ss.s h) 158 2 3.1 W
11. Please supply any need attachments. Attachment 1: STA Narrative 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"; party to the application; for these purposes. <input checked="" type="radio"/> Yes <input type="radio"/> No	
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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