

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Paumalu STA Extension for Feeder Links from 14F1

1. Applicant

Name:	Inmarsat Hawaii Inc.	Phone Number:	202-248-5158
DBA Name:		Fax Number:	202-248-5177
Street:	1101 Connecticut Avenue NW Suite 1200	E-Mail:	chris.murphy@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:	Christopher Murphy		

2. Contact

Name:	Chris Murphy	Phone Number:	202-248-5158
Company:	Inmarsat Hawaii Inc.	Fax Number:	202-248-5186
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 SESSTA2014022500119 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

12/20/2014

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: Request for STA Exte 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;">Inmarsat Hawaii Inc., seeks extended STA for gateway call sign KA25 to operate feeder links from Inmarsat-4F1 at 143.5 degrees E.L. for a period of three months commencing on December 20, 2014</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 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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