APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E000284 STA-Waiver Renewal-13Feb2015

1. Applicant

Name: Airbus DS SatCom Government, **Phone Number:** 571–306–7223

Inc.

DBA Name: Fax Number: 703–466–5901

Street: 2550 Wasser Terrace E–Mail: rob.swanson@airbus.com

Suite 6000

City: Herndon State: VA

Country: USA Zipcode: 20171 -

Attention: Mr Robert W Swanson

2. Contact				
Name:	Robert W Swanson	Phone Number:	571-306-7223	
Company:	Airbus Group, Inc.	Fax Number:	703–466–5901	
Street:	2550 Wasser Terrace	E–Mail:	rob.swanson@airbus.com	
	Suite 9000			
City:	Herndon	State:	VA	
Country:	USA	Zipcode:	20171 –	
Attention:		Relationship:	Legal Counsel	
4a. Is a fee submitte If Yes, complete an Governmental Enti Other(please explain	ber or Submission ID IB2015 d with this application? d attach FCC Form 159. If N ty Noncommercial education:	o, indicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
	CGB – Mobile Satellite Earth	Stations		
5. Type Request O Use Prior to Grant O Change Station Location O Other				
6. Requested Use Prior 03/05/2015	Date			
7. City		8. Latitude (dd mm ss.s h)		

10. Longitude					
(dd mm ss.s h) 0 0 0.0					
11. Please supply any need attachments.					
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.)					
Airbus DS Satcom Government, Inc. requests STA while its waiver renewal mod application is					
pending.					
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No					
plicant nor any other party to the application is fits pursuant to Section 5301 of the Anti–Drug Act Yes No					
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.					
15. Title of Person Signing					
Senior Legal Counsel					
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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