

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

GX Aviation Honeywell Antenna STA

**1. Applicant**

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

**2. Contact**

<b>Name:</b>	Chris Murphy	<b>Phone Number:</b>	2022485150
<b>Company:</b>	ISAT US Inc.	<b>Fax Number:</b>	2022485186
<b>Street:</b>	1101 Connecticut Ave NW Suite 1200	<b>E-Mail:</b>	louis.rosa@inmarsat.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Attention:</b>		<b>Relationship:</b>	Legal Counsel

(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 SESLIC2014103000832 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 CGV – Fixed Satellite VSAT System

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

05/01/2015

7. City

8. Latitude

(dd mm ss.s h) 0 0 0.0



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