## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Boatracs STA

1. Applicant

Name: Shaw Satellite Services Inc. **Phone Number:** (403) 750–4592

**DBA Name:** Fax Number: (403) 750–7469

**Street:** 900, 630 – 3rd Avenue SW **E–Mail:** 

City: Calgary State:

Country: Zipcode: -

**Attention:** Cynthia Rathwell

2. Contact				
Name:	Phuong N. Pham	Phone Number:	202–383–3395	
Company	w: Wilkinson Barker Knauer, LLP	Fax Number:		
Street:	2300 N Street, NW, Suite 700	E–Mail:	ppham@wbklaw.com	
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20037 –	
Attention	:	Relationship:	Legal Counsel	
application. Please er 3. Reference File Nu  4a. Is a fee submit  If Yes, complete a Governmental En	ter only one.)  Imber or Submission ID  Ited with this application?  Ited attach FCC Form 159. If No, incommercial educationa	licate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
Other(please exp	lain):			
4b. Fee Classification	CGB – Mobile Satellite Earth Station	ons		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prio 03/30/2015	or Date			
7. City		8. Latitude (dd mm ss.s h) 0 0 0.0		

9. State	10. Longitude				
	(dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: Exhibit A 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.)					
Request for a 60-day STA to permit flexibility to operate Boatracs mobile earth stations.					
See Exhibit A.					
13. By checking Yes, the undersigned certifies that neither applicant nor	any other party to the application is Yes No				
subject to a denial of Federal benefits that includes FCC benefits pursua					
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	15. Title of Person Signing				
Jim Pitt	VP Enterprise and Tracking				
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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