APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for STA – Lino Lakes

Name:	ISAT US Inc.	Phone Number:	202-248-5158
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:	Mr. Chris Murphy		

2. Contact						
Name:	Chris Murphy	Phone Number:	202–248–5158			
Company:	ISAT US 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:		Relationship:	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 3. Reference File Numb						
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 O Noncommercial educational licensee						
• Other(please explain):						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request						
O Use Prior to Grant O Change Station Location O Other						
	V ***	8	V			
C. Desweeted Use Drive Date						
6. Requested Use Prior	Date					
7. CityLino Lakes		8. Latiti	ıde			
		(dd mm				

9. State MN	10. Longitude (dd mm ss.s h) 93 5 20.0 W					
11. Please supply any need attachments.						
Attachment 1: Exhibit AAttachment 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 Exhibit A.						
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.						
14. Name of Person Signing Chris Murphy	15. Title of Person Signing Director, Government Affairs					
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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