

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Wyoming 8400 MHz STA Extension Request (Aug 2015)

1. Applicant

Name:	DG Consents Sub, Inc.	Phone Number:	703-480-6338
DBA Name:		Fax Number:	703-480-8174
Street:	2325 Dulles Corner Boulevard	E-Mail:	demitrius.anthony@digitalglobe.com
	Suite 1000		
City:	Herdon	State:	VA
Country:	USA	Zipcode:	20171 -
Attention:	Mr Demitrius M Anthony		

2. Contact

Name:	Philip Bonomo	Phone Number:	202-416-6773
Company:	Lerman Senter PLLC	Fax Number:	202-293-7783
Street:	2000 K Street, NW Suite 600	E-Mail:	pbonomo@lermansenter.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
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 only one.)

3. Reference File Number SESSTA2015060200318 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

08/08/2015

7. CityRock Springs

8. Latitude

(dd mm ss.s h) 41 32 12.0 N

9. State WY	10. Longitude (dd mm ss.s h) 109 21 11.0 W
11. Please supply any need attachments. Attachment 1: Attachment 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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Applicant requests extension of special temporary authority for an additional 60 days to receive Earth imaging data using the uppermost 25 MHz of the 8025-8400 MHz band. See Attachment A.</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 Demitrius M. Anthony	15. Title of Person Signing Associate General 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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