APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: GX Aero Honeywell Antenna STA – August 2015

1. Applicant

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:	2026894332
Company:	ISAT US Inc.	Fax Number:	2022485177
Street:	1101 Connecticut Ave NW	E–Mail:	Chris.Murphy@inmarsat.com
	Chris.Murphy@inmarsat.com		
City:	Washington	State:	
Country:	USA	Zipcode:	20036 –
Attention:		Relationship:	
application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain	r only one.) ber SESSTA2015070300446 or Self with this application? d attach FCC Form 159. If No, if ty Noncommercial education:	Submission ID Indicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGB – Mobile Satellite Earth Sta	ntions	
5. Type Request			
• Use Prior to Grant	O Cha	nge Station Location	Other
6. Requested Use Prior 08/18/2015	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: Narrative 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.) NULL				
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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