

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Cheetah/Panther/Skyware STA for VA/MN/NY

1. Applicant

Name:	Inmarsat Mobile Networks, Inc.	Phone Number:	202-248-5150
DBA Name:		Fax Number:	202-248-5177
Street:	1101 Connecticut Avenue, NW Suite 1200	E-Mail:	Louis.Rosa@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:	Mr. Louis Rosa		

2. Contact

Name:	Louis Rosa	Phone Number:	202-696-1401
Company:	Inmarsat	Fax Number:	202-248-5177
Street:	1101 Connecticut Ave NW louis.rosa@inmarsat.com	E-Mail:	louis.rosa@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:		Relationship:	

(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 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 CGS – Fixed Satellite Small Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
09/28/2015

7. City

8. Latitude
(dd mm ss.s h) 0 0 0.0

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