## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter 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 E-Mail: Louis.Rosa@inmarsat.com

**Suite 1200** 

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	E-Mail:	louis.rosa@inmarsat.com	
	louis.rosa@inmarsat.com			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20036 –	
Attention:		Relationship:		
application. Please enter 3. Reference File Num  4a. Is a fee submitter and Governmental Entire Other(please explae)	er only one.)  aber or Submission ID  d with this application?  ad attach FCC Form 159. If No, if  ty Noncommercial education  in):	indicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
	CGS – Fixed Satellite Small Tran	nsmit/Receive Earth Station		
5. Type Request  O Use Prior to Grant  O Change Station Location  O Other				
6. Requested Use Prior 09/28/2015	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.)				
Inmarsat Mobile Networks asks for temporary authority to operate three fixed earth				
stations in Virginia, New York, and Minnesota.				
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	15. Title of Person Signing			
Louis Rosa	Regulatory 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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