

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Request for AMC-1 (129.15 WL) – Sept. 2015

1. Applicant

Name:	Row 44 Inc.	Phone Number:	818-706-3111
DBA Name:		Fax Number:	
Street:	4353 Park Terrace Drive	E-Mail:	smclellan@globaleagleent.com
City:	Westlake Village	State:	CA
Country:	USA	Zipcode:	91361 -
Attention:	Mr. Simon McLellan		

2. Contact

Name:	David S. Keir	Phone Number:	202-429-8970
Company:	Lerman Senter PLLC	Fax Number:	202-293-7783
Street:	2000 K Street, NW Suite 600	E-Mail:	dkeir@lermansenter.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -1809
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 SESMFS2015092800635 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 CGB – Mobile Satellite Earth Stations

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

10/05/2015

7. City Washington

8. Latitude

(dd mm ss.s h) 0 0 0.0 N

9. State DC	10. Longitude (dd mm ss.s h) 0 0 0.0 W
11. Please supply any need attachments. Attachment 1: Narrative Attachment 2: MOD Application 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: 10px 0;">Row 44, Inc. requests authority commencing as soon as possible to use conventional Ku-band capacity on the AMC-1 satellite at 129.15 degrees W.L. for a period of 60 days in advance of final action on a contemporaneously-filed license modification application. See Attached Narrative.</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 Simon McLellan	15. Title of Person Signing Chief Engineer & VP Systems Engineering
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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