

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
60-day STA Request to test the ST5000-2.4 terminal on Carnival Valor cruise ship

1. Applicant

Name:	Harris CapRock Communications, Inc.	Phone Number:	832-668-2753
DBA Name:		Fax Number:	832-668-2780
Street:	4400 S. Sam Houston Parkway Ea	E-Mail:	esands@harris.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77048 -
Attention:	Ms. EllenAnn Sands		

2. Contact

Name:	Carlos Nalda	Phone Number:	571-332-5626
Company:	LMI Advisors	Fax Number:	
Street:	8601 James Creek Drive	E-Mail:	cnalda@lmiadvisors.com
City:	Springfield	State:	VA
Country:	USA	Zipcode:	22152 -
Attention:		Relationship:	Other

(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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
10/02/2015

7. City N/A

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: Exhibits A & B Attachment 2: Exhibits C & D Attachment 3: Narrative Statement	
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;"> Harris CapRock respectfully requests experimental special temporary authority for 60 days to test its ST5000-2.4 terminal onboard the Carnival Valor cruise ship. See Narrative Statement. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing EllenAnn Sands	15. Title of Person Signing Senior 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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