APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: NY/FL STA

1. Applicant

Name: ISAT US Inc. Phone Number: 202–248–5158

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: Louis Rosa

2. Contact				
Name:	Louis Rosa	Phone Number:	202-248-5150	
Company:	Inmarsat	Fax Number:	202-248-5177	
Street:	1101 Connecticut Ave NW	E–Mail:	louis.rosa@inmarsat.com	
	Suite 1200			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20036 –	
Attention:		Relationship:	Same	
4a. Is a fee submitte If Yes, complete ar Governmental Enti Other(please expla	aber SESLIC2015062500383 or Sed with this application? and attach FCC Form 159. If No, if the interpretation in the interpretation interpretation in the interpretation in the interpretation in the i	ndicate reason for fee exemptional licensee	n (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	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 10/20/2015	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.)				
ISAT US requests temporary authority to operate three earth stations at five locations in New York and Florida.				
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).				

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0678.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.