

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
LEOP STA Extension

**1. Applicant**

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

**2. Contact**

<b>Name:</b>	Louis Rosa	<b>Phone Number:</b>	2026894332
<b>Company:</b>	Inmarsat	<b>Fax Number:</b>	202-248-5177
<b>Street:</b>	1101 Connecticut Ave NW Suite 1200	<b>E-Mail:</b>	louis.rosa@inmarsat.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -
<b>Attention:</b>		<b>Relationship:</b>	Same

(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 SESSTA2015032600182 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

11/17/2015

7. City Paumalu

8. Latitude

(dd mm ss.s h) 21 40 10.6 N

9. State HI	10. Longitude (dd mm ss.s h) 158 1 58.0 W
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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Inmarsat Mobile Networks seeks continued temporary authority to support LEOP testing from its SAS site in Paumalu, Hawaii.</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 &quot;party to the application&quot; for these purposes. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Louis Rosa	15. Title of Person Signing Regulatory Counsel
<b>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).</b>	

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