

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Maritime Terminal CONUS Operation STA

**1. Applicant**

<b>Name:</b>	ISAT US 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>	Mr Louis Rosa		

**2. Contact**

<b>Name:</b>	Louis Rosa	<b>Phone Number:</b>	202-248-5150
<b>Company:</b>	ISAT US Inc.	<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>		<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 SESSTA2015102000750 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    CGS – Fixed Satellite Small Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
11/25/2015

7. City

8. Latitude  
(dd mm ss.s h)    0    0    0.0



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