APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: SeaTel GX60/Skyware Atom65 STA Extension

1. Applicant

Name: ISAT US Inc. Phone Number: 202–248–5150

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: Mr Louis Rosa

2. Contact				
Name:	Louis Rosa	Phone Number:	2022485150	
Company:	ISAT US Inc.	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:	20001 –	
Attention:		Relationship:	Same	
4a. Is a fee submitte If Yes, complete ar Governmental Enti Other(please expla	aber SESSTA2015071600456 or Sed with this application? and attach FCC Form 159. If No, if the ity Noncommercial education in:	ndicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGB – Mobile Satellite Earth Sta	ations		
5. Type Request Use Prior to Grant	Cha	nge Station Location	Other	
6. Requested Use Prior 12/25/2015	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.)					
SeaTel GX60/Skyware Atom65 STA Extension					
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 Louis Rosa	15. Title of Person Signing 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).					

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