## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Maritime Terminal CONUS operation

1. Applicant			
Name:	ISAT US Inc.	Phone Number:	202-248-5150
DBA Name	DBA Name:		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:			
Street:	1101 Connecticut Ave NW	E-Mail:	louis.rosa@inmarsat.com		
	louis.rosa@inmarsat.com				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20036 –		
Attention:		<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.)					
	ber SESSTA2015102000750 or Su	ubmission ID			
<ul><li>4a. Is a fee submitted with this application?</li><li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li></ul>					
Governmental Entity O Noncommercial educational licensee					
• Other(please explain):					
4b. Fee Classification CGB – Mobile Satellite Earth Stations					
5. Type Request					
Use Prior to Grant Change Station Location Other					
6. Requested Use Prior 1 12/29/2015	Date				
7. City		8. Latitud (dd mm s	le s.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.)					
Maritime Terminal CONUS operation					
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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