

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
60-day STA for Permitted List Authority (E050335)

1. Applicant

Name:	Anadarko Petroleum Corporation	Phone Number:	202-434-4100
DBA Name:		Fax Number:	202-434-4646
Street:	Suite 500 West 1001 G Street, NW	E-Mail:	peter.dehart@anadarko.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20001 -
Attention:	Peter DeHart		

2. Contact

Name:	Carlos Nalda	Phone Number:	571-332-5626
Company:	LMI Advisors	Fax Number:	
Street:	8601 James Creek Drive	E-Mail:	cnalda@lmiadvisors.com
City:	Springfield	State:	VA
Country:	USA	Zipcode:	22152 -
Attention:		Relationship:	Other

(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 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
01/20/2016

7. City Independence Hub

8. Latitude
(dd mm ss.s h) 28 5 5.2 N

9. State	10. Longitude (dd mm ss.s h) 87 59 9.8 W
11. Please supply any need attachments. Attachment 1: Narrative Statement Attachment 2: Coordination Report Attachment 3: Mod App	
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: 10px 0;">Anadarko Petroleum Corporation seeks a 60-day special temporary authorization to operate its licensed C-band terminal on the Independence Hub while communicating with satellites on the Commission's Permitted Space Station List.</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 "party to the application"; for these purposes. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Peter DeHart	15. Title of Person Signing Engineering Lead
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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