

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 Extension – Jan 2016

1. Applicant

Name:	ISAT US Inc.	Phone Number:	202-248-5150
DBA Name:		Fax Number:	202-248-5177
Street:	1101 Connecticut Avenue NW Suite 1200	E-Mail:	louis.rosa@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:	Mr Louis Rosa		

2. Contact	
Name: Louis Rosa Company: Street: 1101 Connecticut Ave NW Suite 1200 City: Washington Country: USA Attention:	Phone Number: 2022485150 Fax Number: E-Mail: louis.rosa@inmarsat.com State: DC Zipcode: 20036 – Relationship: 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 CGB – Mobile Satellite Earth Stations	
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other	
6. Requested Use Prior Date 01/27/2016	
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.) Maritime CONUS STA extension Jan 2016	
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. ☒ Yes ☐ No	
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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