

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA TO ADD PERMITTED LIST

1. Applicant

Name:	EXXON COMMUNICATIONS COMPANY	Phone Number:	832-624-0238
DBA Name:		Fax Number:	262-313-9709
Street:	P O BOX 4934	E-Mail:	MARY.C. WEICHEL@EXXONMOBIL. COM
	GSC-URC-S218		
City:	HOUSTON	State:	TX
Country:	USA	Zipcode:	77210 -4934
Attention:	Mary Carol Weichel		

2. Contact

Name:	Mary Carol Weichel	Phone Number:	832-624-0238
Company:	EXXON COMMUNICATIONS COMPANY	Fax Number:	262-313-9709
Street:	1725 HUGHES LANDING BLVD.	E-Mail:	MARY.C. WEICHEL@EXXONMOBIL. COM
City:	THE WOODLANDS	State:	TX
Country:	USA	Zipcode:	77381 -
Attention:		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 or Submission ID IB2016000167

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

01/21/2016

7. City GULF OF MEXICO	8. Latitude (dd mm ss.s h) 26 56 20.8 N
9. State TX	10. Longitude (dd mm ss.s h) 94 41 20.0 W
11. Please supply any need attachments. Attachment 1: STA JUSTIFICATION 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Due to a change in satellite capacity, Exxon requires near-term use of Permitted List satellites to accommodate the capacity adjustment and ensure there is no lapse in vital satellite communication services</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 Mary Carol Weichel	15. Title of Person Signing REGULATORY SPECIALIST
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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