## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 60–day STA request for fixed earth station extended band operations

1. Applicant				
Name:	Harris CapRock Communications, Inc.	Phone Number:	832–668–2753	
DBA Name:		Fax Number:	832–668–2780	
Street:	4400 S. Sam Houston Parkway Ea	E-Mail:	ellenann.sands@harris.com	
City:	Houston	State:	TX	
Country:	USA	Zipcode:	77048 –	
Attention:	Ms. EllenAnn Sands			

2. Contact					
Name:	Carlos M. Nalda	Phone Number:	5713325626		
Company:	LMI Advisors	Fax Number:			
Street:	8601 James Creek Drive	E–Mail:	cnalda@lmiadvisors.com		
City:	Springfield	State:	VA		
Country:	USA	Zipcode:	22152 –		
Attention:		<b>Relationship:</b>			
		the Commission, enter ei	ther the file number or the IB Submission ID of the related		
application. Please enter	r only one.) per SESMFS2016021400134 or	Submission 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					
O Other(please explain):					
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4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Request					
- Use Driverte Creat					
• Use Prior to Grant	O Cha	nge Station Location	• Other		
6. Requested Use Prior	Date				
02/22/2016					
7. CityHouston		8. Latitud			
		(dd mm s	5.5 11 <i>j 27 33 3</i> 4.0 1N		

9. State TX	10. Longitude (dd mm ss.s h) 95 20 50.0 W					
11. Please supply any need attachments.						
Attachment 1: FCC 96–377 Complianc Attachment 2: Narrativ	e Statement Attachment 3: Modification 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.)						
Harris CapRock seeks a STA to operate its previously licensed 6.3m Model VertexRSI Ku-band gateway earth station in the extended Ku-band.						
14. Name of Person Signing 15. Title of Person Signing						
EllenAnn Sands	Legal 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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