

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Request for Sailor 60 GX Terminal for Demonstration

1. Applicant

Name:	ISAT US Inc.	Phone Number:	202-248-5150
DBA Name:		Fax Number:	
Street:	1101 Connecticut Avenue NW Suite 1200	E-Mail:	giselle.creaser@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:	Giselle Creaser		

2. Contact

Name:	Giselle Creeser	Phone Number:	202-248-5150
Company:	ISAT US Inc.	Fax Number:	
Street:	1101 Connecticut Avenue NW Suite 1200	E-Mail:	giselle.creeser@inmarsat.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
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 SESMOD2015110600818 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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
02/22/2016

7. CityOrlando

8. Latitude
(dd mm ss.s h) 0 0 0.0

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