

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for a 60-day STA for Ka-band ESV 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 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?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other(please explain):	
4b. Fee Classification CGV – Fixed Satellite VSAT System	
5. Type Request	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 02/29/2016	
7. CityN/A	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: Technical Appendix Attachment 2: Narrative Statement Attachment 3: Draft 312 Schedule B	
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: 10px; margin: 10px 0;"> Harris CapRock seeks a 60-day STA to operate its new ESV terminal in the Ka-band while communicating with O3b's Ka-band NGSO FSS system. (See Narrative Statement). </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing EllenAnn Sands	15. Title of Person Signing 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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