

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E000280 STA for I3F5 POC Authority

1. Applicant

Name:	Satcom Direct Government, Inc.	Phone Number:	571-599-3618
DBA Name:		Fax Number:	571-599-3670
Street:	2550 Wasser Terrace	E-Mail:	CHetmanski@sdgi.satcomdirect.com
	Suite 6000		
City:	Herndon	State:	VA
Country:	USA	Zipcode:	20171 -
Attention:	Mr Chris Hetmanski		

2. Contact

Name:	James G. Lovelace	Phone Number:	571-599-3643
Company:		Fax Number:	571-599-3670
Street:	2550 Wasser Terrace	E-Mail:	JLovelace.ctr@sdgi.satcomdirect.com
	Suite 6000		
City:	Herndon	State:	VA
Country:	USA	Zipcode:	20171 -
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 SESRWL2011072700894 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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
03/18/2016

7. CitySouthbury	8. Latitude (dd mm ss.s h) 0 0 0.0 N
9. State CT	10. Longitude (dd mm ss.s h) 0 0 0.0 W
11. Please supply any need attachments. Attachment 1: Narrative & Need St 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;">Satcom Direct Government, Inc. hereby requests Special Temporary Authority for 60 days beginning on March 18, 2016 to add the Inmarsat-3 F5 satellite at the 54 degrees W.L. orbital location as a point of communication for the blanket licensed mobile earth stations authorized per the call sign E000280 license.</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 James G. Lovelace	15. Title of Person Signing Consultant
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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