

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA for Data Path Terminals

**1. Applicant**

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

<b>2. Contact</b>	
<b>Name:</b> Giselle Creeser	<b>Phone Number:</b> 202-248-5150
<b>Company:</b> ISAT US Inc.	<b>Fax Number:</b>
<b>Street:</b> 1101 Connecticut Avenue NW Suite 1200	<b>E-Mail:</b> giselle.creeser@inmarsat.com
<b>City:</b> Washington	<b>State:</b> DC
<b>Country:</b> USA	<b>Zipcode:</b> 20036 -
<b>Attention:</b>	<b>Relationship:</b> Engineer
(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 SESMOD2016072000669 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 type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other	
6. Requested Use Prior Date 08/01/2016	
7. City	8. Latitude (dd mm ss.s h) 0 0 0.0



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