## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant

Name: ISAT US Inc. Phone Number: 202–248–5150

DBA Name: Fax Number:

Street: 1101 Connecticut Avenue NW E-Mail: giselle.creeser@inmarsat.com

Suite 1200

City: Washington State: DC

Country: USA Zipcode: 20036 -

**Attention:** Giselle Creeser

2. Contact			
Name:	Giselle Creeser	Phone Number:	202-248-5150
Company:	ISAT US Inc.	Fax Number:	
Street:	1101 Connecticut Avenue NW	E-Mail:	giselle.creeser@inmarsat.com
	Suite 1200		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:		Relationship:	Engineer
4a. Is a fee submitted  If Yes, complete and Governmental Entit Other(please explain	Deer SESMOD2016072000669 or Sel with this application? If attach FCC Form 159. If No, increase of the Noncommercial education of the No.	dicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).
	CGV – Fixed Satellite VSAT Syste	em 	
5. Type Request			
O Use Prior to Grant	• Chang	ge Station Location	Other
6. Requested Use Prior 08/01/2016	Date		
7. City		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: Exhibit A 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.)				
Request for STA to operate earth station terminals at two locations for purposes of customer demonstrations.				
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.				
14. Name of Person Signing Giselle Creeser	15. Title of Person Signing			
	Director, Regulatory			
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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