APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for Aeronautical Terminals Using Additional Frequencies

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				
		e 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?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							
O Other(please explain):							
*							
4b. Fee Classification CGV – Fixed Satellite VSAT System							
5. Type Request							
O Use Prior to Grant O Change Station Location O Other							
6. Requested Use Prior	Date						
7. CityMelbourne/Orlan	do	8. Latit	ss.s h) 0 0 0.0				
			55.5 11) 0 0 0.0				

9. State FL	10. Longitude (dd mm ss.s h) 0 0 0.0						
11. Please supply any need attachments.							
Attachment 1: DescriptionAttachment 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 to operate aeronautical terminal types approved in Call Sign E140114 using additional frequencies.							
 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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