

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter 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 Suite 1200 | E-Mail: | giselle.creaser@inmarsat.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20036 - |
| Attention: | Giselle Creaser | | |

| | |
|---|--|
| 2. Contact | |
| Name: | Giselle Creeser |
| Company: | ISAT US Inc. |
| Street: | 1101 Connecticut Avenue NW Suite 1200 |
| City: | Washington |
| Country: | USA |
| Attention: | |
| Phone Number: | 202-248-5150 |
| Fax Number: | |
| E-Mail: | giselle.creeser@inmarsat.com |
| State: | DC |
| Zipcode: | 20036 - |
| Relationship: | 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 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 | |
| 7. CityMelbourne/Orlando | 8. Latitude (dd mm ss.s h) 0 0 0.0 |

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