

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

**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		

**2. Contact**

<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 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    CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date

7. City Palm Bay

8. Latitude  
(dd mm ss.s h) 28 2 24.0 N

9. State FL	10. Longitude (dd mm ss.s h) 80 35 24.0 W
11. Please supply any need attachments. Attachment 1: Description                                  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;">Request to operate an additional terminal type in connection with the demonstration and testing special temporary authorization pursuant to File No. SES-STA-20161006-00830.</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 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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