APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Harris CapRock Communications Inc. seeks to operate under STA with the added Emission Designator 9M38G7W to its Earth Station license currently authorized under Call Sign E050333 (Nansen).

1. Applicant

Name: Harris CapRock Communications, **Phone Number:** 832–668–2753

Inc.

DBA Name: Fax Number: 832–668–2780

Street: 4400 S. Sam Houston Parkway Ea **E-Mail:**

City: Houston State: TX

Country: USA Zipcode: 77048

Attention: Ms EllenAnn Sands

2. Contact				
Name:	Timothy Doughty	Phone Number:	202-434-4271	
Company:	Keller and Heckman LLP	Fax Number:	202-434-4646	
Street:	1001 G Street NW	E-Mail:	doughty@khlaw.com	
	Suite 500 West			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20001 –	
Attention:		Relationship:	Legal Counsel	
If Yes, complete and	ber or Submission ID d with this application? d attach FCC Form 159. If No, ty Noncommercial education		on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transmit/	Receive Earth Station		
5. Type Request				
6. Requested Use Prior 03/15/2017	Date			
7. CityGulf of Mexico		8. Latitude (dd mm ss.s h)		

9. State 10. Longitude (dd mm ss.s h) 94 28 3.6 W 11. Please supply any need attachments. Attachment 1: Request for STA Attachment 2: Path Data Sheet Attachment 3: Section 25.220 Cert. 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.) Harris CapRock Communications Inc. seeks to operate under STA with the added Emission Designator 9M38G7W to its Earth Station license currently authorized under Call Sign E050333 (Nansen). 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No 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 15. Title of Person Signing EllenAnn Sands Senior Counsel 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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