APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to Support Hurricane Maria Recovery Operations

Name:	ISAT US Inc.	Phone Number:	703-883-7444
DBA Name:		Fax Number:	202-248-5177
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:	703-883-7444		
Company:	ISAT US Inc.	Fax Number:	202–248–5177		
Street:	1101 Connecticut Avenue NW	E–Mail:	giselle.creeser@inmarsat.com		
	Suite 1200				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20036 –		
Attention:		Relationship:	Same		
4a. Is a fee submitte ● If Yes, complete ar ● Governmental Entr ● Other(please explain)	nber or Submission ID ed with this application? nd attach FCC Form 159. If No, ind ity O Noncommercial educationa in):	ll licensee	nption (see 47 C.F.R.Section 1.1114).		
4b. Fee Classification	CGV – Fixed Satellite VSAT Syste	em			
5. Type Request • Use Prior to Grant • Change Station Location Other					
6. Requested Use Prior	Date				
7. City			8. Latitude (dd mm ss.s h) 0 0 0.0 N		

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0 W						
11. Please supply any need attachments.							
Attachment 1: Exhibit AAttachment 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.)							
ISAT US seeks an STA to Support Hurricane Mar	ia recovery operations. See Exhibit A.						
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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