APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 60–Day STA Request to Communicate with EUTELSAT 172B

1. Applicant

Name: Panasonic Avionics Corporation Phone Number: 949–672–2364

DBA Name: Fax Number:

Street: 26200 Enterprise Way E–Mail: mark.defazio@panasonic.aero

City: Lake Forest State: CA

Country: USA Zipcode: 92630 -

Attention: Mr. Mark DeFazio

2. Contact			
Name:	Carlos Nalda	Phone Number:	5713325626
Company:	LMI Advisors	Fax Number:	
Street:	2550 M Street NW	E–Mail:	cnalda@lmiadvisors.com
	Suite 345		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20037 –
Attention:		Relationship:	Other
4a. Is a fee submitte If Yes, complete an Governmental Enti Other(please expla	d with this application? d attach FCC Form 159. If I ty Noncommercial eduction:		n (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGB – Mobile Satellite Earth	n Stations	
5. Type Request Use Prior to Grant	•	Change Station Location	Other
6. Requested Use Prior 11/15/2017	Date		
7. CityN/A		8. Latitude (dd mm ss.s h)	0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: Narrative Attachment 2: Technic	al Appendix 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.)				
Panasonic requests 60-day STA to operate its previously authorized ESAA terminals with the EUTELSAT 172B satellite, which is designed to replace the EUTELSAT 172A satellite located at 172 E.L.				
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	15. Title of Person Signing			
Mark DeFazio	Sr. Manager			
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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