

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
60-Day STA for Government ESAA Operations

**1. Applicant**

<b>Name:</b>	UltiSat, Inc.	<b>Phone Number:</b>	240-243-5119
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	708 Quince Orchard Rd. Suite 120	<b>E-Mail:</b>	dbryant@ultisat.com
<b>City:</b>	Gaithersburg	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20878 -
<b>Attention:</b>	Mr. David Bryant		

**2. Contact**

<b>Name:</b>	Carlos Nalda	<b>Phone Number:</b>	5713325626
<b>Company:</b>	LMI Advisors	<b>Fax Number:</b>	
<b>Street:</b>	2550 M Street NW Suite 345	<b>E-Mail:</b>	cnalda@lmiadvisors.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20037 -
<b>Attention:</b>		<b>Relationship:</b>	Other

(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    CGB – Mobile Satellite Earth Stations

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
06/26/2018

7. City

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: Draft Schedule B                      Attachment 2: Narrative                      Attachment 3: Technical Appendix	
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-top: 10px;"> 60-Day STA Request . </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. <div style="text-align: right; margin-top: 10px;"> <input checked="" type="radio"/> Yes                      <input type="radio"/> No </div>	
14. Name of Person Signing David Bryant	15. Title of Person Signing VP
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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