

Approved by OMB
3060-0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION: Enter a description of this application to identify it on the main menu:
Request For Special Temporary Authority to Operate Until Renewal is Granted

1. Applicant

Name:	Mainstream Data, Inc.	Phone Number:	13019084165
DBA Name:		Fax Number:	801-584-2831
Street:	375 Chipeta Way Suite B	E-Mail:	AMOSKOWITZ@AMOSKOWITZ.LAW.COM
City:	Salt Lake City	State:	UT
Country:	USA	Zipcode:	84108
Attention:	Mr Mitchell J Rasmussen		



File # SE 5- STA-2018 1003-02904
Call Sign E920589 Grant Date 10/12/2018
(or other identifier)
Term Dates
From 10/12/2018 To: 12/10/2018
Approved: [Signature]

*All operators must comply with
parameters of operators defined in
SES-MOD-20021212-02213, etc.*

2. Contact

Name:	ALLAN G MOSKOWITZ, Esq	Phone Number:	3019084165
Company:	Allan G. Moskowitz, Esq.	Fax Number:	3012511353
Street:	10845 TUUCKAHOE WAY	E-Mail:	AMOSKOWITZ@AMOSKOWITZLAW.COM
	AMOSKOWITZ@AMOSKOWITZLAW.COM		ZLAW.COM
City:	NORTH POTOMAC	State:	MD
Country:	USA	Zipcode:	20878 -
Attention:		Relationship:	Legal Counsel

(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 1.11114).

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

10/23/2017

7. City/Salt Lake City	8. Latitude (dd mm ss.s h) 41 45 41.0 N
9. State UT	10. Longitude (dd mm ss.s h) 111 49 26.0 W
11. Please supply any need attachments. Attachment 1: 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;">Due to the retirement of its it chief engineer and miscommunications between him and the licensee, the licensee inadvertently failed to file its license renewal application prior to the 10/23/2017 expiration date of its license. The license greatly regrets this error and is simultaneously filing its renewal application today. The licensee respectfully</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 Mitchell J Rasmussen	15. Title of Person Signing Senior Vice President
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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12. Description

Due to the retirement of its chief engineer and miscommunications between him and the licensee, the licensee inadvertently failed to file its license renewal application prior to the 10/23/2017 expiration date of its license. The licensee greatly regrets this error and is simultaneously filing its renewal application today. The licensee respectfully requests STA for 90 days or until the above-referenced license is renewed.