APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Mobile Satalite VHF Marine Boater Radio

1. Applicant

Name: Angela E Thovolla Sr. Phone Number: 772–501–2564

DBA Name: Fax Number:

Street: 1290 12ct SW E-Mail: daniellee.dogman@aol.com

City: Vero Beach State: FL

Country: USA Zipcode: 32962 -

Attention: Ms Angela E Thovolla Sr.

2. Contact	t						
	Name:	Angela E Thovolla Sr.	Phone Nu	ımber:	772–501–2564		
	Company:		Fax Num	ber:			
	Street:	1290 12ct SW	E–Mail:		daniellee.dogman@aol.com		
	City:	Vero Beach	State:		FL		
	Country:	USA	Zipcode:		32962 –		
	Attention:		Relations	hip:	Other		
application	n. Please enter	* *	th the Commissio	n, enter either th	ne file number or the IB Submission ID of the related	1	
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	n): HV Temporary radio lice	nse				
4b. Fee Cla	assification	CGB – Mobile Satellite Earth	Stations				
5. Type Re	equest						
Use P.	Use Prior to Grant Change Station Location Other						
•	ed Use Prior l 5/2018	Date					

7. CityVero Beach	8. Latitude (dd mm ss.s h) 0 0 0.0 N				
9. State FL	10. Longitude (dd mm ss.s h) 0 0 0.0				
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.)					
NULL					
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 Angela Elizabeth Thovolla	15. Title of Person Signing Angela Elizabeth Thovolla				
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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