APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Hawaii Gateway – 30 Day STA

1. Applicant								
	Name:	O3b Limited	Phone Number:	202-813-4026				
	DBA Name:		Fax Number:					
	Street:	900 17th Street, NW, #300	E-Mail:	suzanne.malloy@o3bnetworks. com				
	City:	Washington	State:					
	Country:	USA	Zipcode:	_				
	Attention:	Ms Suzanne Malloy						

2. Contact								
	Name:	O3b Limited	Phone Nu	umber:	202-813-4026			
	Company:		Fax Num	ber:				
	Street:	900 17th Street, NW, #300	E–Mail:		suzanne.malloy@o3bnetworks. com			
	City:	Washington	State:					
	Country:	USA	Zipcode:		-			
	Attention:		Relations	ship:				
(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 SESMOD2019020700084 or Submission ID								
4a. Is a	fee submitted	with this application?						
If Yes	, complete and	attach FCC Form 159. If No, i	ndicate reason	for fee exemption	(see 47 C.F.R.Section 1.1114).			
Gover	Governmental Entity Noncommercial educational licensee							
• Other(please explain):								
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
5. Type Request								
Use Prior to Grant Change Station Location Other								
	ted Use Prior I 22/2019	Date						

7. CityHaleiwa	8. Latitude (dd mm ss.s h) 21 40 17.8 N						
9. State HI	10. Longitude (dd mm ss.s h) 158 1 54.9 W						
11. Please supply any need attachments.							
Attachment 1: Form 312Attachment 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.)							
Pursuant to its pending earth station modification at the same location (Call Sign							
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 Suzanne Malloy	15. Title of Person Signing Vice President, Regulatory Affairs						
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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