

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
2nd 60-day STA Extension

1. Applicant

Name:	Maris Developments	Phone Number:	800-927-9800
DBA Name:		Fax Number:	
Street:	251 Little Falls Dr.	E-Mail:	
City:	Wilmington	State:	DE
Country:	USA	Zipcode:	19808 -
Attention:			

2. Contact

Name:	B. Mathews	Phone Number:	800-927-9800
Company:	Maris Developments	Fax Number:	
Street:	251 Little Falls Dr	E-Mail:	maris.developments@outlook.com
City:	Wilmington	State:	DE
Country:	USA	Zipcode:	19808 -
Attention:		Relationship:	

(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 SESSTA2018120703385 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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

7. City Boardman	8. Latitude (dd mm ss.s h) 45 51 16.6 N
9. State OR	10. Longitude (dd mm ss.s h) 119 37 55.1 W
11. Please supply any need attachments. Attachment 1: Narrative 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: 10px; width: fit-content; margin: 10px auto;"> <p>Please see narrative attachment.</p> </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 B. Mathews	15. Title of Person Signing Engineer
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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