APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E130216 STA

1. Applicant

Name: Production & Satellite Services, Phone Number: 702–553–1820

Inc.

DBA Name: Fax Number: 702–895–7484

Street: 4415 Wagon Trail Ave E–Mail: bnelles@pssiglobal.com

City: Las Vegas State: NV

Country: USA Zipcode: 89118 -

Attention: Mr Brian S Nelles

2. Contact										
ľ	Name:	e: Brian Nelles Pho		Phone Number:		702-553-1820				
Company:		PSSI Global Services LLC	Fax Num	Fax Number:		702-895-7484				
Street:		4415 Wagon Trail Avenue	E-Mail:		1	bnelles@pssiglobal.com				
	City: Las Vegas		State:			NV				
	Country:	USA	Zipcode:			89118 –				
	Attention:		Relations	hip:		Same				
				-						
(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 SESMOD2019051600616 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 Clas	ssification (CGB – Mobile Satellite Earth Sta	ations							
5. Type Request O Use Prior to Grant O Change Station Location O Other										
	ed Use Prior D	Date								
7. CityOrlando				8. Latitude (dd mm ss.s h) 28 28 36.3 N						

0 G 77	40 * 1 1						
9. State FL	10. Longitude						
	(dd mm ss.s h) 81 22 21.6 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.)							
Applicant desires to perform testing from a licensed transportable earth station, call							
sign E130126, prior to FCC granting authorization to add frequency and emission designator							
modifications.							
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	15. Title of Person Signing						
Brian S Nelles	Executive 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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