

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Sept. 2019 VSAT 60-day STA extension E120228

**1. Applicant**

<b>Name:</b>	New Cingular Wireless PCS, LLC	<b>Phone Number:</b>	202-457-3032
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	1120 20th Street, NW Suite 1000	<b>E-Mail:</b>	jackie.flemming@att.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036      -
<b>Attention:</b>	Jacquelyne Flemming		

<b>2. Contact</b>	
<b>Name:</b> Michael P. Goggin <b>Company:</b> AT&T Mobility LLC <b>Street:</b> 1120 20th St NW Suite 1000 <b>City:</b> Washington <b>Country:</b> USA <b>Attention:</b>	<b>Phone Number:</b> 202-457-2055 <b>Fax Number:</b> 202-457-3073 <b>E-Mail:</b> michael.p.goggin@att.com  <b>State:</b> DC <b>Zipcode:</b> 20036    – <b>Relationship:</b>
(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 SESAMD2019071800933 or Submission ID	
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other(please explain):	
4b. Fee Classification   CGV – Fixed Satellite VSAT System	
5. Type Request  <div style="display: flex; justify-content: space-around;"> <span><input checked="" type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input type="radio"/> Other</span> </div>	
6. Requested Use Prior Date 07/26/2019	
7. City	8. Latitude (dd mm ss.s h)   0   0   0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
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; margin: 10px 0;"> Per Rule 1.62, applicant seeks to extend SES-STA-20190723-00974, expiring Oct. 4, 2019, for another 60 days. Points of communication are provided in the attachment. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes                      <input type="radio"/> No </div>	
14. Name of Person Signing Michael P. Goggin	15. Title of Person Signing Asst. Secretary of Manager
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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