APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Renewal of STA to operate electrically identical antenna

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Name: Maris Developments **Phone Number:** 800–927–9800

DBA Name: Fax Number:

Street: 251 Little Falls Dr. E–Mail: maris.developments@outlook.com

City: Wilmington State: DE

Country: USA Zipcode: 19808 –

Attention:

2. Contact					
Name	e: A. Miller	Phone Nu	ımber:	618–401–9921	
Com	pany: Maris Developmen	nts Fax Num	ber:		
Stree	t: 251 Little Falls Dr	E–Mail:		maris.developments@outlook.com	
City:	Wilmington	State:		DE	
Coun	C	Zipcode:		19808 –	
Atter	-	Relations	shin:	Engineer	
			F ·		
application. Plea 3. Reference Fil 4a. Is a fee su If Yes, comp Government Other(please	se enter only one.) e Number SESSTA2019092 bmitted with this applicatio lete and attach FCC Form 1 al Entity Noncomment e explain):	n? 59. If No, indicate reason cial educational licensee	for fee exemption (see	number or the IB Submission ID of the related e 47 C.F.R.Section 1.1114).	
4b. Fee Classific	ation CGX – Fixed Satell	te Transmit/Receive Earth S	Station		
5. Type Request					
O Use Prior to Grant O Change Station Location O Other					
6. Requested Use	e Prior Date				

7. CityBoardman	8. Latitude (dd mm ss.s h) 0 0 0.0 N					
9. State OR	10. Longitude (dd mm ss.s h) 0 0 0.0 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.)						
Per FCC Rule 1.62, Applicant requests renewal of STA to add and operate a pair of electrically identical antenna. See SES-STA-20190927-01214. 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 A. Miller	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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