

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Special Temporary Authority Extended Ku Band TX, License E890649

1. Applicant

Name:	Comsat, Inc.	Phone Number:	203 262 5051
DBA Name:		Fax Number:	203 262 5001
Street:	2550 Wasser Terrace Suite 6000	E-Mail:	pmadigan@comsat.com
City:	Herndon	State:	VA
Country:	USA	Zipcode:	20171 -
Attention:	Mr. Patrick Madigan		

2. Contact

Name:	James Lovelace	Phone Number:	571 599 3643
Company:	Comsat	Fax Number:	571 599 3670
Street:	2550 Wasser Terr, Suite 6000	E-Mail:	JLovelace.ctr@comsat.com
City:	Herdon	State:	VA
Country:	USA	Zipcode:	20171 -
Attention:		Relationship:	Other

(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 SESMFS2020022500201 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
04/18/2020

7. City Santa Paula

8. Latitude
(dd mm ss.s h) 34 24 5.0 N

9. State CA	10. Longitude (dd mm ss.s h) 119 4 26.0 W
11. Please supply any need attachments. Attachment 1: Need Statement 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: 5px; min-height: 100px;">NULL</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 Patrick Madigan	15. Title of Person Signing Operations 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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