## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: L3Harris DarkWing STA

1. Applicant

Name: ISAT US Inc. Phone Number: 202–248–5150

DBA Name: Fax Number:

Street: 1441 L Street, NW E–Mail: brennan.price@inmarsat.com

Suite 610

City: Washington State: DC

Country: USA Zipcode: 20005 -

**Attention:** Brennan Price

2. Contact				
Name:	Brennan Price	Phone Number:	703–223–3327	
Company:	ISAT US Inc.	Fax Number:		
Street:	1441 L St NW	E-Mail:	brennan.price@inmarsat.com	
	Ste 610			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20005 –	
Attention:		Relationship:	Same	
4a. Is a fee submitted  If Yes, complete and Governmental Entire Other(please explain	ber SESMOD20200602005 d with this application? d attach FCC Form 159. It y Noncommercial ed n):	f No, indicate reason for fee exemption ducational licensee	(see 47 C.F.R.Section 1.1114).	
	CGX – Fixed Satellite Trai	nsmit/Receive Earth Station		
5. Type Request  O Use Prior to Grant  O Change Station Location  O Other				
6. Requested Use Prior 11/04/2020	Date			
7. CityVictor		8. Latitude (dd mm ss.s h)	43 0 16.8 N	

9. State NY	10. Longitude (dd mm ss.s h) 77 26 56.8 W			
11. Please supply any need attachments.				
Attachment 1: 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.)				
ISAT US seeks STA for 30 days to allow for testing of one unit of the L3 Harris DarkWing terminal type subject to the amended modification application attached as Attachment 1.  Authority is sought for locations within one mile of the specified coordinates.				
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			
Brennan T. Price	Director, Regulatory Affairs			
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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