

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

WSL3 STA

1. Applicant

Name:	GUSA Licensee LLC	Phone Number:	985-335-1503
DBA Name:		Fax Number:	985-335-1703
Street:	1351 Holiday Square Blvd.	E-Mail:	Barbee.Ponder@Globalstar.com
City:	Covington	State:	LA
Country:	USA	Zipcode:	70433 -
Attention:	Mr L. Barbee Ponder IV		

2. Contact

Name:	Wen Doong	Phone Number:	9853351500
Company:	Globalstar, Inc.	Fax Number:	
Street:	1351 Holiday Square Blvd.	E-Mail:	
City:	Covington	State:	LA
Country:	USA	Zipcode:	70433 -
Attention:		Relationship:	Engineer

(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 SESMFS2010110801413 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

05/31/2021

7. City Wasilla

8. Latitude

(dd mm ss.s h) 61 35 24.9 N

9. State AK	10. Longitude (dd mm ss.s h) 149 29 9.6 W
11. Please supply any need attachments. Attachment 1: Cover letter Attachment 2: Technical exhibit 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; margin: 10px 0;">GUSA Licensee LLC (together with its parent Globalstar, Inc., ('Globalstar')) is seeking a 60-day Special Temporary Authority ('STA') in order to operate a second-generation feeder link earth station antenna and test and validate a new waveform under call sign E050345 in Wasilla, Alaska.</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 L. Barbee Ponder IV	15. Title of Person Signing General Counsel and VP – 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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