

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

KVH Intelsat Cobham Test

**1. Applicant**

|                   |                      |                      |                   |
|-------------------|----------------------|----------------------|-------------------|
| <b>Name:</b>      | KVH Industries, Inc. | <b>Phone Number:</b> | 401-845-8148      |
| <b>DBA Name:</b>  |                      | <b>Fax Number:</b>   | 401-845-8116      |
| <b>Street:</b>    | 50 Enterprise Center | <b>E-Mail:</b>       | ffeingold@kvh.com |
| <b>City:</b>      | Middletown           | <b>State:</b>        | RI                |
| <b>Country:</b>   | USA                  | <b>Zipcode:</b>      | 02842 -           |
| <b>Attention:</b> | Felise Feingold      |                      |                   |

|                                                                                                                                                                                       |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                     |                                                |
| <b>Name:</b>                                                                                                                                                                          | Bruce A. Olcott                                |
| <b>Company:</b>                                                                                                                                                                       | Jones Day                                      |
| <b>Street:</b>                                                                                                                                                                        | 51 Louisiana Avenue, N.W.                      |
| <b>City:</b>                                                                                                                                                                          | Washington                                     |
| <b>Country:</b>                                                                                                                                                                       | USA                                            |
| <b>Attention:</b>                                                                                                                                                                     |                                                |
| <b>Phone Number:</b>                                                                                                                                                                  | 2028793630                                     |
| <b>Fax Number:</b>                                                                                                                                                                    | 2026261700                                     |
| <b>E-Mail:</b>                                                                                                                                                                        | bolcott@jonesday.com                           |
| <b>State:</b>                                                                                                                                                                         | DC                                             |
| <b>Zipcode:</b>                                                                                                                                                                       | 20001 -                                        |
| <b>Relationship:</b>                                                                                                                                                                  | Legal Counsel                                  |
| (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 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    CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                        |                                                |
| 5. Type Request                                                                                                                                                                       |                                                |
| <input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other                                                         |                                                |
| 6. Requested Use Prior Date                                                                                                                                                           |                                                |
| 7. City                                                                                                                                                                               | 8. Latitude<br>(dd mm ss.s h)    0    0    0.0 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 9. State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10. Longitude<br>(dd mm ss.s h) 0 0 0.0        |
| 11. Please supply any need attachments.<br>Attachment 1: STA Request/Exhibits      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.)<br><div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> KVH herein requests 30 days of STA, commencing December 15, 2022, to temporarily operate a 1.03m Cobham SAILOR 1000 XTR KU antenna and a 1.03m Cobham SAILOR 900 VSAT KU antenna on a U.S.-flagged vessel to test new equipment and provide customer demonstrations. </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. <span style="float: right;"><input checked="" type="radio"/> Yes      <input type="radio"/> No</span> |                                                |
| 14. Name of Person Signing<br>Felise Feingold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 15. Title of Person Signing<br>General Counsel |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).                                                                                                                                                                                                                                                               |                                                |

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