

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Expedited Treatment Requested 3-day STA to use Haleiwa, HI earth station, E210007, to provide LEOP services for Inmarsat-6 F2

1. Applicant

Name:	Intelsat License LLC	Phone Number:	703-559-7799
DBA Name:		Fax Number:	703-559-8539
Street:	c/o Intelsat US LLC 7900 Tysons One Place	E-Mail:	ray.rutngamlug@intelsat.com
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 -5972
Attention:	W. Ray Rutngamlug		

2. Contact	
Name: Cynthia J. Grady Company: Intelsat US LLC Street: 7900 Tysons One Place City: McLean Country: USA Attention:	Phone Number: 703-559-6949 Fax Number: 703-559-8539 E-Mail: cynthia.grady@intelsat.com State: VA Zipcode: 22102 -5972 Relationship: 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? ☒ 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	
7. City Haleiwa	8. Latitude (dd mm ss.s h) 21 40 13.7 N

9. State HI	10. Longitude (dd mm ss.s h) 158 2 3.4 W
11. Please supply any need attachments. Attachment 1: STA Request & Ex A Attachment 2: Exhibit B Attachment 3: Exhibit C	
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.) Intelsat herein requests three days of Special Temporary Authority, commencing February 21, 2023, to use its Haleiwa, Hawaii C-band earth station, E210007, to provide LEOP services for Inmarsat-6 F2.	
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. ☒ Yes ☐ No	
14. Name of Person Signing Cynthia J. Grady	15. Title of Person Signing Assistant General Counsel, Intelsat US LLC
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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