

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Site-Based SAN STA for E220181

**1. Applicant**

|                   |                        |                      |                         |
|-------------------|------------------------|----------------------|-------------------------|
| <b>Name:</b>      | Viasat, Inc.           | <b>Phone Number:</b> | 760-476-2583            |
| <b>DBA Name:</b>  |                        | <b>Fax Number:</b>   | 760-929-3941            |
| <b>Street:</b>    | 6155 El Camino Real    | <b>E-Mail:</b>       | daryl.hunter@viasat.com |
| <b>City:</b>      | Carlsbad               | <b>State:</b>        | CA                      |
| <b>Country:</b>   | USA                    | <b>Zipcode:</b>      | 92009 -                 |
| <b>Attention:</b> | Mr Daryl T Hunter P.E. |                      |                         |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                    |
| <b>Name:</b> Viasat, Inc.<br><b>Company:</b><br><b>Street:</b> 6155 El Camino Real<br><br><b>City:</b> Carlsbad<br><b>Country:</b> USA<br><b>Attention:</b> Daryl T Hunter P.E.                                                                                                                                                                             | <b>Phone Number:</b> 760-476-2583<br><b>Fax Number:</b> 760-929-3941<br><b>E-Mail:</b> daryl.hunter@viasat.com<br><br><b>State:</b> CA<br><b>Zipcode:</b> 92009 -<br><b>Relationship:</b> 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.)<br>3. Reference File Number SESLIC2022110801216 or Submission ID                                                                                                      |                                                                                                                                                                                                    |
| 4a. Is a fee submitted with this application?<br><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).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                                                                                                                                                                                                    |
| 4b. Fee Classification                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                    |
| 5. Type Request<br><br><input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other                                                                                                                                                                                                        |                                                                                                                                                                                                    |
| 6. Requested Use Prior Date<br>04/24/2023                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| 7. City Canonsburg                                                                                                                                                                                                                                                                                                                                          | 8. Latitude<br>(dd mm ss.s h) 40 18 5.03 N                                                                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 9. State PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10. Longitude<br>(dd mm ss.s h) 80 9 45.09 W           |
| 11. Please supply any need attachments.<br>Attachment 1: STA Narrative 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>See attachment.                                                                                                                                                                                                                                                                                                                                              |                                                        |
| 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<br>Daryl T Hunter                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15. Title of Person Signing<br>CTO, Regulatory Affairs |
| 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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