## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: IEC US Trident Missile Test Program MCR STA 3/19/2007

1. Applicant								
Name:	L3 Communications IEC	Phone Number:	714–758–0500 x3391					
DBA Nan	ne:	Fax Number:	714–758–4432					
Street:	602 East Vermont Ave	E-Mail:	Tom.Murphy@L-3com.com					
City:	Anaheim	State:	CA					
Country:	USA	Zipcode:	92805 –					
Attention	: Mr. Tom Murphy							

2. Contact						
	Name:	Michelle A. McClure	Phone Nu	imber:	202-728-0400	
	Company:	Irwin, Campbell & Tannenwald, P. C.	Fax Num	ber:	202-728-0354	
	Street:	1730 Rhode Island Ave., N.W.	E–Mail:		mmcclure@ictpc.com	
		Suite 200				
	City:	Washington	State:		DC	
	<b>Country:</b>	USA	Zipcode:		20036 -3101	
	Attention:		Relations	hip:	Legal Counsel	
<ul> <li>application. Please enter only one.)</li> <li>3. Reference File Number or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request       • Use Prior to Grant       • Change Station Location       • Other						
		O Change	Station Lo	cation	O Other	

7. City	8. Latitude (dd mm ss.s h) 0 0 0.0					
9. State	10. Longitude (dd mm ss.s h) 0 0 0.0					
11. Please supply any need attachments.						
Attachment 1: Public InterestAttachment 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.)						
Please see attached Public Interest Statement						
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 Tom Murphy	15. Title of Person Signing Project Manager					
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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