

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Bristow (DISA testing) STA – 30 day extension (Oct 2014)

1. Applicant

Name:	O3b Limited	Phone Number:	202-813-4026
DBA Name:		Fax Number:	
Street:	900 17th Street, NW, #300	E-Mail:	suzanne.malloy@o3bnetworks.com
City:	Washington	State:	
Country:	USA	Zipcode:	-
Attention:	Ms Suzanne Malloy		

2. Contact

Name:	Joseph A. Godles	Phone Number:	202-429-4900
Company:	Goldberg Godles Wiener & Wright LLP	Fax Number:	202-429-4912
Street:	1229 19th Street, NW	E-Mail:	jgodles@g2w2.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -2413
Attention:		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 IB2014001818

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
11/20/2014

7. City Bristow	8. Latitude (dd mm ss.s h) 38 47 0.0 N
9. State VA	10. Longitude (dd mm ss.s h) 77 34 25.8 W
11. Please supply any need attachments. Attachment 1: STA extension 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">03b Limited hereby requests extension of its Special Temporary Authority to operate an earth station to be located at its Bristow, Virginia facility that will communicate with its satellite system. 03b seeks a 30-day STA for the period between November 20, 2014 and December 20, 2014.</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 Joslyn Read	15. Title of Person Signing Vice President, 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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