

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Hawaii Gateway – 30 Day STA

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

(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 SESMOD2019020700084 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
03/22/2019

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