

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for STA to operate ES prior to pending License Grant

1. Applicant

Name:	MP Integral Telecommunications Inc	Phone Number:	281-292-2891
DBA Name:		Fax Number:	281-576-7224
Street:	24800 I-45 North Suite 106	E-Mail:	mpatino@integral-telcom.com
City:	The Woodlands	State:	TX
Country:	USA	Zipcode:	77386 -2345
Attention:	Mr Mauricio Patino		

2. Contact

Name:	Mr Mauricio Patino	Phone Number:	281-292-2891
Company:	MP Integral Telecommunications Inc	Fax Number:	
Street:	24800 I-45 North Suite 106	E-Mail:	mpatino@integral-telcom.com
City:	The Woodlands	State:	TX
Country:	USA	Zipcode:	77386 -
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 or Submission ID IB2019000381

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
02/28/2019

7. CityWoodlands	8. Latitude (dd mm ss.s h) 30 7 23.3 N
9. State TX	10. Longitude (dd mm ss.s h) 95 26 26.7 W
11. Please supply any need attachments. Attachment 1: 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;">Request for Special Temporary Authority to operate a 3.8 meter C-band uplink pending license grant under FCC Submission ID IB2019000381. The proposed 3.8 meter will support USGS Government projects and the delay in grant time may impact critical programs.</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 Mauricio Patino	15. Title of Person Signing Owner
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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