APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to Test ESIM Terminal

1. Applicant			
Name:	ISAT US Inc.	Phone Number:	202-572-0686
DBA Name:		Fax Number:	202–248–5177
Street:	1101 Connecticut Avenue NW	E-Mail:	Ethan.Lucarelli@inmarsat.com
	Suite 1200		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:	M. Ethan Lucarelli		

2. Contact						
Name:	M. Ethan Lucarelli	Phone Number	er: 202–572–0686			
Company:	ISAT US Inc.	Fax Number:	202-248-5177			
Street:	1101 Connecticut Avenue NW	E-Mail:	Ethan.Lucarelli@inmarsat.com			
	Suite 1200					
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20036 –			
Attention:		Relationship:	Same			
(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 4a. Is a fee submitted with this application? • If Yee, complete and attach ECC Form 150. If No. indicate reason for fee exemption (see 47 C F.P. Section 1 1114).						
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 A Noncommercial educational licensee						
 Governmental Entity Other(please explain): 						
4b. Fee Classification	4b. Fee Classification CGB – Mobile Satellite Earth Stations					
5. Type Request						
O Use Prior to Grant O Change Station Location O Other						
6. Requested Use Prior 1 05/01/2019	Date					
7. City			atitude 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: Exhibit A 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.)					
ISAT US seeks 90 day STA to test single unit of new land ESIM terminal. See Exhibit A. 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 M. Ethan Lucarelli	15. Title of Person Signing Director, Regulatory and Public Policy				
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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