

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Request for an additional 30 days of Special Temporary Authority to use five aeronautical antennas (E170121) to test HISPASAT 143W-1

1. Applicant

Name:	Intelsat License LLC	Phone Number:	703-559-7848
DBA Name:		Fax Number:	703-559-8539
Street:	c/o Intelsat US LLC 7900 Tysons One Place	E-Mail:	susan.crandall@intelsat.com
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 -5972
Attention:	Susan H. Crandall		

2. Contact

Name:	Cynthia J. Grady	Phone Number:	703-559-6949
Company:	Intelsat US LLC	Fax Number:	703-559-8539
Street:	7900 Tysons One Place	E-Mail:	cynthia.grady@intelsat.com
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 -5972
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

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

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: STA Request 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;">IntelSAT License LLC requests an additional 30 days of Special Temporary Authority previously granted to IntelSAT to use five aeronautical antennas (E170121) to communicate with HISPASAT 143W-1 for testing.</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 Cynthia J. Grady	15. Title of Person Signing Senior Counsel
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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