

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
2-2021 STA Request for Telesat Anik F-1R @ 107.3 W.L. & Hispasat 143 W-1

1. Applicant

Name:	Global Eagle Telecom Licensing Subsidiary LLC, Debtor-in- Possession	Phone Number:	310-740-8600
DBA Name:		Fax Number:	
Street:	1821 E. Dyer Road Suite 125	E-Mail:	
City:	Santa Ana	State:	CA
Country:	USA	Zipcode:	92705 -
Attention:	Ms Julia Waldron		

2. Contact

Name:	David S. Keir	Phone Number:	(202) 426-6742
Company:	Lerman Senter PLLC	Fax Number:	(202) 293-7783
Street:	2001 L Street, N.W. Suite 400	E-Mail:	dkeir@lermansenter.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
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 SESMFS2021012700153 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
02/10/2021

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: Explanatory Stmt 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 using the Telesat Anik F-1R satellite at 107.3 degrees West Longitude and the Hispasat 143 W-1 satellite at 143 W.L. as requested in the recently-filed application for permanent license modification (FCC IBFS File No. SES-MFS-20210127-00153).</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 Simon McLellan	15. Title of Person Signing Chief Engineer
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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