

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Extension of STA for E060351 to add Anik F1 @ 109.2

1. Applicant

| | | | |
|-------------------|--------------------------------|----------------------|-----------------------|
| Name: | Telesat Network Services, Inc. | Phone Number: | 613-748-8700 |
| DBA Name: | | Fax Number: | |
| Street: | 135 Routes 202/206 | E-Mail: | eneasmith@telesat.com |
| City: | Bedminster | State: | NJ |
| Country: | USA | Zipcode: | 07921 -1538 |
| Attention: | Ms Elisabeth Neasmith | | |

| | | | |
|-------------------|---------------------------------------|----------------------|------------------|
| 2. Contact | | | |
| Name: | Joseph A. Godles Esq. | Phone Number: | 202-429-4900 |
| Company: | Goldberg, Godles, Wiener & Wright LLP | Fax Number: | 202-429-4912 |
| Street: | 1229 Nineteenth St. N.W. | E-Mail: | jgodles@g2w2.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 SESSTA2021012500145 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 03/31/2021 | |
|---|--|

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|---|--|
| 7. CityMt. Jackson | 8. Latitude (dd mm ss.s h) 38 43 47.5 N |
| 9. State VA | 10. Longitude (dd mm ss.s h) 78 39 30.1 W |
| 11. Please supply any need attachments. Attachment 1: 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.) Request to extend Special Temporary Authority to add Anik F1 at 109.2 WL as a point of communication while Petition for Declaratory Ruling to add to Permitted List remains pending. | |
| 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 Elisabeth Neasmith | 15. Title of Person Signing Directory, ITU and Regulatory |
| 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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