## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: ThinKom STA Fort Worth

1. Applicant					
Name:	ISAT US Inc.	Phone Number:	202-248-5150		
DBA Name:		Fax Number:			
Street:	1441 L Street, NW	E-Mail:	brennan.price@inmarsat.com		
	Suite 610				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20005 –		
Attention	: Brennan Price				

2 Gente et						
2. Contact						
Name:	Brennan Price	Phone Number:	703–233–3327			
Company:	ISAT US Inc.	Fax Number:				
Street:	1441 L St NW	E-Mail:	brennan.price@inmarsat.com			
	Suite 610					
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20005 –			
Attention:		<b>Relationship:</b>	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 SESMOD2020060500595 or Submission ID						
	<ul><li>4a. Is a fee submitted with this application?</li><li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li></ul>					
	y 🔿 Noncommercial educational					
O Other(please explain):						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request						
O Use Prior to Grant O Change Station Location O Other						
6. Requested Use Prior I 03/10/2021	Date					
7. CityFort Worth		8. Latitu (dd mm	de ss.s h) 33 0 22.0 N			

9. State TX	10. Longitude (dd mm ss.s h) 97 19 1.5 W					
11. Please supply any need attachments.						
Attachment 1: NarrativeAttachment 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 STA for 30 days to allow for static testing of one unit of the ThinKom						
Ka2517 antenna type as described in Attachment 1.						
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	15. Title of Person Signing					
Brennan T. Price	Director, Regulatory Affairs					
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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