

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Miami Ground Station

1. Applicant

Name:	Overon America	Phone Number:	305-777-1900
DBA Name:		Fax Number:	
Street:	7291 NW 74th St.	E-Mail:	ricardo.flores@overonamerica.com
City:	Miami	State:	FL
Country:	USA	Zipcode:	33166 -
Attention:	Mr. Ricardo Flores		

2. Contact

Name:	Mr. Ricardo Flores	Phone Number:	305-777-1900
Company:	Overon America	Fax Number:	
Street:	7291 NW 74th St.	E-Mail:	ricardo.flores@overonamerica.com
City:	Miami	State:	FL
Country:	USA	Zipcode:	33166 -
Attention:		Relationship:	Engineer

(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
04/01/2021

7. CityMiami	8. Latitude (dd mm ss.s h) 25 50 28.0 N
9. State FL	10. Longitude (dd mm ss.s h) 80 18 59.0 W
11. Please supply any need attachments. Attachment 1: Over STA Exhibits 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: 5px 0;">Request for STA; please see Exhibit A</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 Irantzu D	15. Title of Person Signing Chief Executive Officer
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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