APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: ThinKom Further STA Hawthorne CA

1. Applicant							
N	lame:	ISAT US Inc.	Phone Number:	7032233327			
D	DBA Name:		Fax Number:				
S	treet:	1441 L Street, NW	E-Mail:	brennan.price@inmarsat.com			
		Suite 610					
C	City:	Washington	State:	DC			
C	Country:	USA	Zipcode:	20005 –			
А	ttention:	Brennan Price					

2. Contact							
Name:	Brennan Price	Phone Number:	703–223–3327				
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:		Relationship:	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 SESSTA2021022400391 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 Other(please explain): 							
U Other(piease explain							
4b. Fee Classification	CGX – Fixed Satellite Transmit/Rec	eive Earth Station					
5. Type Request							
O Use Prior to Grant O Change Station Location O Other							
6. Requested Use Prior I 04/01/2021	Date						
7. CityHawthorne		8. Latitu (dd mm	ide ss.s h) 33 54 0.5 N				

9. State CA	10. Longitude (dd mm ss.s h) 118 21 48.6 W					
11. Please supply any need attachments.						
Attachment 1: Narrative Attachment 2: Granted	STA 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 Inc. seeks further STA for 30 days to continue to test one unit of the ThinKom Ka 2517 antenna type with the Inmarsat 5-F2 and Inmarsat 5-F3 space stations. Testing is currently authorized through an issued STA expiring March 31. See Attachment 1 for narrative and Attachment 2 for existing STA grant, which contains requested terms.						
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 Brennan T. Price	15. Title of Person Signing					
 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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