

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Galliano, LA Temp-Fixed C-Band terminal STA request

1. Applicant

Name:	L3HARRIS TECHNOLOGIES, INC.	Phone Number:	321-309-8468
DBA Name:		Fax Number:	321-726-3139
Street:	1025 West Nasa Blvd.	E-Mail:	Michael.Feustel@L3Harris.com
City:	Melbourne	State:	FL
Country:	USA	Zipcode:	32919 -
Attention:	Michael Feustel		

2. Contact

Name:	William LeBeau	Phone Number:	202-955-3000
Company:	HOLLAND & KNIGHT LLP	Fax Number:	202-955-5564
Street:	800 17TH STREET, NW SUITE 1100	E-Mail:	bill.lebeau@hklaw.com
City:	WASHINGTON	State:	DC
Country:	USA	Zipcode:	20006 -
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 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
09/13/2021

7. City Galliano

8. Latitude
(dd mm ss.s h) 29 24 50.9 N

9. State LA	10. Longitude (dd mm ss.s h) 90 17 43.5 W
11. Please supply any need attachments. Attachment 1: STA Request Attachment 2: Waiver Request Attachment 3: Technical Data	
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 STA TO OPERATE TEMPORARY-FIXED C-BAND EARTH STATION AT GALLIANO, LA TO SUPPORT FAA HOUSTON AIR ROUTE CONTROL CENTER AND NEW ORLEANS AIRPORT (MSY) OPERATIONS IMPACTED BY HURRICANE IDA</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 Michael Feustel	15. Title of Person Signing FTI-SAT Project 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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