

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Portable Range Threat Simulator

1. Applicant

Name:	Textron Systems	Phone Number:	410-628-3737
DBA Name:		Fax Number:	
Street:	124 Industry Ln, Cockeysville, MD	E-Mail:	cpollard@textronsystems.com
City:	Cockeysville	State:	MD
Country:	USA	Zipcode:	21030 -
Attention:	Christopher Pollard		

2. Contact	
Name: Christopher Pollard Company: Textron Systems Street: 124 Industry Ln, Cockeysville, City: Cockeysville Country: USA Attention:	Phone Number: 410-628-3737 Fax Number: E-Mail: cpollard@textronsystems.com State: MD Zipcode: 21030 - Relationship:
(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 07/18/2022	
7. City Sierra Vista	8. Latitude (dd mm ss.s h) 31 38 30.0 N

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