INTERNATIONAL SECTION 214 SPECIAL TEMPORARY AUTHORITY APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: Telenor Satellite, Inc. requests renewal of special temporary authority to provide BGAN and E&E services via the Inmarsat 4F2 satellite

icant			
Name:	Telenor Satellite, Inc.	Phone Number:	301-838-7860
DBA Name:		Fax Number:	301-838-7752
Street:	1101 Wootton Parkway	E-Mail:	keith.fagan@telenor-usa.com
	10th Floor		
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 –
Attention:	Keith H Fagan		

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Country:	USA	Zipcode:	20852 –
Contact Title:	Keith H Fagan	Relationship:	
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TYPE OF REQUEST	
6. • New Request • Extend STA Date • Other	7. Date Authorization Needed:01/09/2007
8. Is a fee submitted with this application?	
● If Yes, complete and attach FCC Form 159. If No, indicate reason for	or fee exemption (see 47 C.F.R.Section 1.1114).
• Governmental Entity • Noncommercial educational licensee	
• Other(please explain):	
9. Description of Special Temporary Authority Requested.(If the complete description does not appear in this box, please go to the	end of the form to view it in its entirety.)
Telenor Satellite, Inc. requests re authority to provide BGAN and E&E s satellite	
10. In Attachment 1, provide justification of need for special temporary	authority requested.
11. If this request for Special Temporary Authority is associated with an number [e.g., ITC-214-19930101-23412] or the IB Submission ID of the File Number or Submission ID	
Applicant certifies that its responses to questions 11 through 17 and	e true:
12. If the applicant is a foreign carrier, or is affiliated (as defined in 47 the information and certifications required by Section 63.18(i) through	C.F.R. Section 63.09(e)) with a foreign carrier, provide in Attachment 1 (m).

13. Does the applicant seek authority to provide service to any destination described in paragraphs (1) through (4) of Section 63.18(j)? If yes, list those destinations in Attachment 1 as a response to question 12.	• Yes	O No
14. Does the applicant seek authority to provide service to any destinations other than those listed in response to question 12 where it has an affiliation with a foreign carrier? If yes, list those destinations in Attachment 1 as a response to question 13.	O Yes	No
15. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applica direct and indirect shareholders or other equity holders, and identify any interlocking directorates.	ant's ten perc	ent or greater
16. In Attachment 1, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.		
17. 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.	• Yes	O No
18. By checking Yes, the applicant certifies that it has not agreed to accept special concessions directly or indirectly from a foreign carrier with respect to any U.S. international route where the foreign carrier possesses sufficient market power on the foreign end of the route to affect competition adversely in the U.S. market and will not enter into such agreements in the future.	● Yes	O No

CERTIFICATION

19. Typed Name of Person Signing Keith H Fagan		20. Title of Person Signing Senior Counsel	
(U.S. Code, Title 18, Se	TS MADE ON THIS FORM ARE PUNISH ection 1001), AND/OR REVOCATION OF Section 312(a)(1)), AND/OR FORFEITUR	ANY STATION AUTHORIZATI	ON
21. 1: Attachment 1	2: Attachment 2	3:	

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