

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY
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APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:
Renewal of PAS-9 STA at 26.15 EL

1. Applicant

Name:	PanAmSat Licensee Corp.	Phone Number:	203-210-8000
DBA Name:		Fax Number:	203-210-8001
Street:	20 Westport Road	E-Mail:	
City:	Wilton	State:	CT
Country:	USA	Zipcode:	06897 -
Attention:	Mr James W Cuminale Esq		

2. Contact	
Name: Joseph A. Godles, Esq. Company: Goldberg Godles Wiener & Wright Street: 1229 19th Street NW City: Washington Country: USA Contact Title: Attorney	Phone Number: 202-429-4900 Fax Number: 202-429-4912 E-Mail: jgodles@g2w2.com State: DC Zipcode: 20036 – Relationship: Legal Counsel
(If your application is related to an application filed with the Commission, enter the file number below.) 3. Reference File Number SATSTA2002071100099	
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 CRY – Space Station (Geostationary)	
5. Type Request ☒ Change Station Location ☐ Extend Expiration Date ☐ Other	
6. Temporary Orbit Location 26.15 EL	7. Requested Extended Expiration Date

8. 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.)

Request renewal of above-referenced Special Temporary Authority to operate the PAS-9 satellite at 26.15 EL in accordance with the attached.

9. 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 ☐ No

10. Name of Person Signing
Kalpak Gude

11. Title of Person Signing
Associate General Counsel

12. Please supply any need attachments.

Attachment 1: STA

Attachment 2:

Attachment 3:

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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