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Callsign:

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:

Requst for Special Temporary Authority to Position and Operate AMC-4 (Call Sign S2135) at 85.0 W.L.

1. Applicant

Name: SES Americom, Inc. Phone Number: 202–478–7143

DBA Name: Fax Number: 202–478–7111

Street: 1129 20th Street NW E–Mail: petra.vorwig@ses.com

Suite 1000

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Ms Petra A Vorwig

2. Contact									
	Name:	Karis Hastings	Phone Nu	ımber:	202-599-0975				
	Company:	SatCom Law LLC	Fax Num	ber:					
	Street:	1317 F St, NW	E-Mail:		karis@satcomlaw.com				
		Suite 400							
	City:	Washington	State:		DC				
	Country:	USA	Zipcode:		20004 –				
	Attention:		Relations	ship:	Legal Counsel				
	• •		ed with the Commiss	sion, enter either the	e 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	n):							
4b. Fee Classification CRY – Space Station (Geostationary)									
5. Type Re	equest								
				_					
Chang	ge Station Loc	ation	Extend Expiration	Date	Other				
	ary Orbit Loca	ation		7. Requested Exte	nded Expiration Date				
83	5.0 W.L.			l					

8. Description (If the complete description does	not appear in this box,	please go to the end of the	he form to view it in its entirety	7.)					
SES Americom, Inc. (SES) requests special temporary authority for 30 days to temporarily locate AMC-4 (Call Sign S2135) at 85.0 W.L. AMC-4 will briefly take on traffic currently carried by AMC-6, making AMC-6 available for relocation to 83 W.L. to restore service affected by a recent anomaly on AMC-9. See attached narrative.									
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.									
10. Name of Person Signing		11. Title of Person Signing							
Petra A. Vorwig		Senior Legal & Regulatory Counsel							
12. Please supply any need attachments.									
Attachment 1: STA Narrative	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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