

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Foreign-flagged waiver request (Mar 2014)

1. Applicant

Name:	O3b Limited	Phone Number:	202-352-5985
DBA Name:		Fax Number:	
Street:	900 17th Street, NW, #300	E-Mail:	joslyn.read@o3bnetworks.com
City:	Washington	State:	
Country:	USA	Zipcode:	-
Attention:	Ms Joslyn Read		

2. Contact

Name:	Joseph A. Godles	Phone Number:	202-429-4900
Company:	Goldberg Godles Wiener & Wright LLP	Fax Number:	202-429-4912
Street:	1229 19th Street, NW	E-Mail:	jgodles@g2w2.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -2413
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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

7. City	8. Latitude (dd mm ss.s h) 0 0 0.0
9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Request for Waiver Attachment 2: Tech Narrative Attachment 3: Schedule B	
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;"> O3b Limited (O3b) hereby requests a limited waiver of the Commission's requirements, to the extent needed and on the terms described below, to conduct tests and demonstrations, and to provide commercial service, using Ka-band earth stations on vessels ('ESVs') on up to three foreign-flagged ships. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing Joslyn Read	15. Title of Person Signing Vice President, Regulatory Affairs
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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