APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Thirty-ship waiver request (Oct 2015)

1. Applicant								
]	Name:	O3b Limited	Phone Number:	202-813-4026				
]	DBA Name:		Fax Number:					
	Street:	900 17th Street, NW, #300	E-Mail:	suzanne.malloy@o3bnetworks. com				
	City:	Washington	State:					
	Country:	USA	Zipcode:	_				
	Attention:	Ms Suzanne Malloy						

2. Contact							
Name:	Joseph A. Godles	Phone Num	nber:	202-429-4900			
Company:	Goldberg Godles Wiener & Wright LLP	Fax Numbe	er:	202–429–4912			
Street:	1229 19th Street, NW	E-Mail:		jgodles@g2w2.com			
City:	Washington	State:		DC			
Country:	USA	Zipcode:		20036 -2413			
Attention:		Relationshi	ip:	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 CGX – Fixed Satellite Transmit/Receive Earth Station 							
• 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: Schedule B Attachment 2: Legal Narrative Attachment 3: Technical Narrative						
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.) O3b seeks a waiver of the United States Table of Frequency Allocations and the Commission's Ka-band Plan in connection with the testing, demonstration, and commercial operations of maritime earth stations on up to thirty additional foreign-flagged ships.						
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.						
14. Name of Person Signing Suzanne Malloy	15. Title of Person Signing Vice President, Regulatory Affairs					
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