FORM 405 APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Renewal Application for Callsign E930320

: Telenor Satellite, In	c. Phone Number:	301-838-7739
Name:	Fax Number:	301-838-7752
: 1101 Wootton Park	way E–Mail:	bruce.henoch@telenor-usa.com
10th Floor		
Rockville	State:	MD
try: USA	Zipcode:	20852 –
tion: Mr Bruce A Henocl	1	
1	10th Floor Rockville try: USA	10th FloorRockvilleState:try:USAZipcode:

Name:	Bruce A. Henoch	Phone Number:	301-838-7739
Company:	Telenor Satellite Services, Inc.	Fax Number:	301-838-7752
Street:	1101 Wootton Parkway	E-Mail:	bruce.henoch@telenor-usa.com
	10th Floor		
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 –
Contact	Senior Counsel	Relationship:	Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4.]	4. Is a fee submitted with this application?				
	If Yes, complete and attach FCC I	Form 159.	If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).		
0	Governmental Entity	oncommercia	l educational licensee		
0	Other(please explain):				

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC1993052701428	1993–08–06 00:00:00.0
(c)Call Sign	(d)Location
E930320	Santa Paula, Ventura, CA

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)		
(g)Expiration Date 2003–08–06 00:00:00.0	Petition to reinstate:		
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the la application covering this station was filed: Antenna replaced with electrically–identical antenna on May 19, 2003. FCC notified of this minor modification in submission number IB2003001100, file 06/09/03.			

Items 7(a) and (b) apply to Part 21 licenses only. 7(a) Has there been removal of equipment or alteration of facilities as to render the Station not operational?				
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A 			

8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7. File Number SES–LIC–19930527–01428Date 06/11/2003

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0	Yes
impact:	۲	No
	0	N/A

If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:

If NO, Explain briefly why not: Updated radiation hazard study is attached.

10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e. g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).

a. Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof.b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.

11. Designate Appropriate Classification:

O Individual				
Unincorporated Association				
Partnership				
• Corporation				
Governmental Entity				
Other (please specify)				
12. Please supply any need attachments.				
1: RadHaz Rpt	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Bruce A. Henoch		14. Title of Person Signing Senior Counsel		
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code,Title 47, Section 503).				

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