FORM 312–R 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: E960207 SSB-004 Renewal

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:	Jack Narciso	Phone Nu	mber:	609-480-5375	
Company:		Fax Num	ber:		
Street:	4 Research Way	E-Mail:		jack.narciso@ses.com	
City:	Princeton	State:		NJ	
Country:	USA	Zipcode:		08540 –	
Attention:		Relations	hip:	Engineer	
RENEWAL INFORM	MATION				
3. Rulepart under which	ch this filing is made Rulepa	rt 25			
4. Is a fee submitted w	ith this application?				
If Yes, complete are	nd attach FCC Form 159.	f No, indicate reas	on for fee exemp	ption (see 47 C.F.R.Section 1.1114).	
Governmental Ent	ity Noncommercial	educational licensee			
Other(please expla	ain):				
5. Application is for renewal of license in exact conformity with the existing license as specified below:					
(a)File Number SESRWL2006051000773			(b)Date Issued 2006-05-15 00:00:00.0		
(c)Call Sign E960207			(d)Location Comsat Access Road		
(e)Nature of Service			(f)Class of Station		

Fixed Satellite Transmit/Receive Earth Station (CGX)

International Fixed Satellite Service

(g)Expiration Date 2021–05–31 00:00:00.0	Petition to reinstate:			
6. Note any changes such as discontinuance of use of a frequency, or of application covering this station was filed: Remove current point of communications and add to the Permitted list.	a type of emission or of a transmitter which have b	peen made since the last		
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	 Yes No N/A 			
If YES when:				
(b) If this is a Multipoint Distribution Service (MDS) station, is there a 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 org applicant's relation to the station, or financial responsibility; that applic identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number Date	eants most recent application or report embodying t	this information, as		

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 No N/A			
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:					
If NO, Explain briefly why not: Earth Station complies with 47 CFR (A) and (B)					
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 pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	®	Yes No			
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					
O Unincorporated Association					
O Partnership					
© Corporation					
O Governmental Entity					
Other (please specify)					

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing Jack Narciso		14. Title of Person Signing Engineer						
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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