

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Amended STA Renewal Request for E000284

**1. Applicant**

<b>Name:</b>	Telenor Satellite, Inc.	<b>Phone Number:</b>	301-838-7807
<b>DBA Name:</b>		<b>Fax Number:</b>	301-838-7752
<b>Street:</b>	1101 Wootton Parkway	<b>E-Mail:</b>	robert.swanson@telenor-usa.com
	10th Floor		
<b>City:</b>	Rockville	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20852 -
<b>Attention:</b>	Mr Robert W Swanson		

**2. Contact**

<b>Name:</b>	Robert W. Swanson	<b>Phone Number:</b>	301-838-7807
<b>Company:</b>	Telenor Satellite, Inc.	<b>Fax Number:</b>	301-838-7752
<b>Street:</b>	1101 Wootton Parkway	<b>E-Mail:</b>	robert.swanson@telenor-usa.com
	10th Floor		
<b>City:</b>	Rockville	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20852 -1059
<b>Contact Title:</b>	Regulatory Asst.	<b>Relationship:</b>	Other

3. Reference File Number SESLIC2000060900948

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 CGB – Mobile Satellite Earth Stations

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
12/08/2003

7. Cityn/a

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: Cvr Letter                                  Attachment 2:                                  Attachment 3:	
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;"> STA for callsign E000284 set to expire 12/9/03. The original STA (File No. IB2003001944) was granted on 10/9/03 because the underlying license renewal, filed with IB 8/12/03 (File No. IB2003001500), has not yet been approved. We are requesting an STA for six months. </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 Robert W. Swanson	15. Title of Person Signing Regulatory Asst.
<b>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).</b>	

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