

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
TEMP AUTH HAWLEY FOR EDS TT&C

**1. Applicant**

<b>Name:</b>	LORAL SPACECOM CORPORATION ( DEBTOR-IN- POSSESSION )	<b>Phone Number:</b>	908-470-2342
<b>DBA Name:</b>		<b>Fax Number:</b>	908-470-2453
<b>Street:</b>	500 Hill Drive 7018	<b>E-Mail:</b>	se@loralskynet.com
<b>City:</b>	Bedminster	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	07921 -7018
<b>Attention:</b>	Mr Stanley Edinger		

**2. Contact**

<b>Name:</b>	STANLEY EDINGER	<b>Phone Number:</b>	908-470-2342
<b>Company:</b>	Loral Skynet	<b>Fax Number:</b>	908-470-2453
<b>Street:</b>	500 Hills Drive P.O Box 7018	<b>E-Mail:</b>	se@loralskynet.com
<b>City:</b>	Bedminster	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	07921 -7018
<b>Contact Title:</b>	MANAGER GOVERNMENT AFFAIRS	<b>Relationship:</b>	Same

3. Reference File Number SESMOD2003112601726

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

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
01/17/2004

7. City Hawley

8. Latitude  
(dd mm ss.s h) 41 27 51.6 N

9. State PA	10. Longitude (dd mm ss.s h) 75 7 46.2 W
11. Please supply any need attachments. Attachment 1: A Attachment 2: 1B Attachment 3: 2B	
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;">TO PROVIDE TELEMETRY TRACKING and CONTROL of the ESTRELA do SUL 1/TELSATR 14 SATELLITE via TELSTAR 12 and an EARTH STATION in BRAZIL</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. <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>	
14. Name of Person Signing STANLEY EDINGER	15. Title of Person Signing MANAGER GOVERNMENT 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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