## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to Demonstrate Ka-band transmit antenna terminal. Las Vegas NAB

1. Applicant

Name: SES Americom, Inc. Phone Number: 609–987–4062

**DBA Name:** Fax Number: 609–987–4260

Street: Four Research Way E-Mail: jim.barker@ses-americom.com

City: Princeton State: NJ

**Country:** USA **Zipcode:** 08540 -6684

**Attention:** James Barker

| 2. Contac  | ct                      |                                   |               |                               |                             |   |  |  |
|--|-------------------------|-----------------------------------|---------------|-------------------------------|-----------------------------|---|--|--|
|  | Name:                   | James R. Barker                   | Phone Nu      | mber:                         | 609-987-4062                |   |  |  |
|  | Company:                | SES Americom, Inc.                | Fax Numb      | er:                           | 609–987–4260                |   |  |  |
|  | Street:                 | Four Research Way                 | E–Mail:       |                               | jim.barker@ses-americom.com |   |  |  |
|  |                         |                                   |               |                               |                             |   |  |  |
|  | City:                   | Princeton                         | State:        |                               | NJ                          |   |  |  |
|  | <b>Country:</b>         | USA                               | Zipcode:      |                               | 08540 -6684                 |   |  |  |
|  | Contact Title:          | Terrestrial Systems Specialist    | Relationsh    | nip:                          | Same                        |   |  |  |
|  |                         |                                   |               |                               |                             |   |  |  |
| 3. Referen   | nce File Numb           | per                               |               |                               |                             |   |  |  |
| 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).      Covernmental Entity.    Noncommercial educational licenses. |                         |                                   |               |                               |                             |   |  |  |
| Office Governmental Entity Office Other(please explain):  Noncommercial educational licensee   |                         |                                   |               |                               |                             |   |  |  |
|  |                         | CGS – Fixed Satellite Small Trans | mit/Dansiva E | outh Station                  |                             | _ |  |  |
|  |                         | CGS – Fixed Salennie Smail Trans. | mil/Receive E | arın Station                  |                             | _ |  |  |
| 5. Type R  | equest                  |                                   |               |                               |                             |   |  |  |
| Use Prior to Grant Change Station Location Other   |                         |                                   |               |                               |                             |   |  |  |
| _  |                         | _                                 |               |                               | ·                           |   |  |  |
| •  | sted Use Prior 1/2/2004 | Date                              |               |                               |                             |   |  |  |
| 7. CityLa  | sVegas, NV              |                                   | 1             | 8. Latitude (dd mm ss.s h) 36 | 7 9.0 N                     |   |  |  |
|  |                         |                                   |               |                               |                             |   |  |  |

| 9. State NV   | 10. Longitude                                |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 5. State 117  | (dd mm ss.s h) 115 9 0.0 W                   |  |  |  |  |  |
| 11. Please supply any need attachments.   |  |  |  |  |  |  |
| Attachment 1: LasVSTA Attachment 2: SATMD   | STA 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.)  |  |  |  |  |  |  |
| STA covers the period of demonstrating a ,75 meter Ka-band transmit antenna and platform  |  |  |  |  |  |  |
| (operating parameters, plots and summary data attached).  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 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  | 15. Title of Person Signing                  |  |  |  |  |  |
| Nancy J. Eskenazi   | VIce President and Associate General Counsel |  |  |  |  |  |
| 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).   |  |  |  |  |  |  |
| (   |  |  |  |  |  |  |

## FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to jboley@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0678.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.