

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA to Demonstrate Ka-band transmit antenna terminal. Denver, CO

**1. Applicant**

<b>Name:</b>	SES Americom, Inc.	<b>Phone Number:</b>	609-987-4062
<b>DBA Name:</b>		<b>Fax Number:</b>	609-987-4260
<b>Street:</b>	Four Research Way	<b>E-Mail:</b>	jim.barker@ses-amicom.com
<b>City:</b>	Princeton	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	08540 -6684
<b>Attention:</b>	James Barker		

**2. Contact**

<b>Name:</b>	James R. Barker	<b>Phone Number:</b>	609-987-4062
<b>Company:</b>	SES Americom, Inc.	<b>Fax Number:</b>	609-987-4260
<b>Street:</b>	Four Research Way	<b>E-Mail:</b>	jim.barker@ses-americom.com
<b>City:</b>	Princeton	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	08540 -6684
<b>Contact Title:</b>	Terrestrial Systems Specialist	<b>Relationship:</b>	Same

3. Reference File Number

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    CGS – Fixed Satellite Small Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
04/21/2004

7. City Denver, Colorado

8. Latitude  
(dd mm ss.s h) 39 32 24.0 N

9. State CO	10. Longitude (dd mm ss.s h) 104 51 30.0 W
11. Please supply any need attachments. Attachment 1: DenSTA Attachment 2: SATMDSTA 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 covers the period of demonstrating a ,75 meter Ka-band transmit antenna and platform (operating parameters, plots and additional summary information attached).</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Nancy J. Eskenazi	15. Title of Person Signing Vice President and Associate General Counsel
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