

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E980250 Kapolei STA extend KAZAKHSTAN 11/1/2005

1. Applicant

Name:	Loral Skynet Network Services, Inc. (Debtor-in-Possession)	Phone Number:	908-470-2342
DBA Name:		Fax Number:	908-470-2453
Street:	500 Hills Drive PO Box 7018	E-Mail:	se@loralskynet.com
City:	Bedminster	State:	NJ
Country:	USA	Zipcode:	07921 -7018
Attention:	Mr Stanley Edinger		

2. Contact

Name:	Mr Stanley Edinger	Phone Number:	908-470-2342
Company:	Loral Skynet	Fax Number:	908-470-2453
Street:	500 Hills Drive PO Box 7018	E-Mail:	se@loralskynet.com
City:	Bedminster	State:	NJ
Country:	USA	Zipcode:	07921 -7018
Attention:	MANAGER GOVERNMENT RELATIONS	Relationship:	Same

(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)

3. Reference File Number SESSTA2005081901118 or Submission ID

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
11/18/2005

7. City KAPOLEI	8. Latitude (dd mm ss.s h) 21 20 12.6 N
9. State HI	10. Longitude (dd mm ss.s h) 158 5 21.1 W
11. Please supply any need attachments. Attachment 1: A Attachment 2: B 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: 5px 0;"> Request to extend Special Temporary Authority, FCC File No. SES-STA-20050819-01118, to Communicate via Telstar 18 to Kazakhstan, for a period of 60 days. </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="float: right; text-align: right;"> <input checked="checked" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing STANLEY EDINGER	15. Title of Person Signing MANAGER, GOVERNMENT RELATIONS
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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