APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for WB36 to permit communication with Amazonas-1 in the extended Ku-band

1. Applicant

Name: Telenor Satellite, Inc. Phone Number: 301–838–7860

DBA Name: Fax Number: 301–838–7752

Street: 1101 Wootton Parkway E–Mail: keith.fagan@telenor—usa.com

10th Floor

City: Rockville State: MD

Country: USA **Zipcode:** 20852 –1064

Attention: Mr Keith H Fagan

2. Contact				
Name:	Telenor Satellite, Inc.	Phone Number:	301-838-7860	
Company:		Fax Number:	301-838-7752	
Street:	1101 Wootton Parkway	E-Mail:	keith.fagan@telenor-usa.com	
	10th Floor			
City:	Rockville	State:	MD	
Country:	USA	Zipcode:	20852 -1064	
Attention:	Mr Keith H Fagan	Relationship:		
application. Please ente. 3. Reference File Num	r only one.) ber SESMFS2005120201669 o		e file number or the IB Submission ID of the related	
1	d with this application? d attach FCC Form 159. If No	, indicate reason for fee exemptio	on (see 47 C.F.R.Section 1.1114).	
' -	ty Noncommercial educat			
Other(please explai				
4b. Fee Classification	CGX - Fixed Satellite Transmi	t/Receive Earth Station		
5. Type Request				
Use Prior to Grant	O Ch	nange Station Location	Other	
6. Requested Use Prior 12/15/2005	Date			
7. CitySouthbury		8. Latitude (dd mm ss.s h)	41 27 5.0 N	

9. State CT 10. Longitude (dd mm ss.s h) 73 17 19.0 W 11. Please supply any need attachments. Attachment 1: Need Showing Attachment 2: Ext Ku–Band Analysis Attachment 3: Ext KuBand Statement 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.) Telenor Satellite, Inc. requests special temporary authority to operate a 9 meter Vertex antenna at its Southbury, CT earth station WB36 in the 13.75-14.0 GHz extended Ku-band with the Amazonas-1 satellite for a period beginning on December 15, 2005 and ending upon grant of permanent authority or on June 14, 2006. 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is No Yes 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 Keith H. Fagan Senior 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).

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