## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for KA312 to communicate with the Inmarsat 4F2 satellite

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	<b>Relationship:</b>				
<ul><li>(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.)</li><li>3. Reference File Number SESMFS2005112301626 or Submission ID</li></ul>						
<ul> <li>If Yes, complete and</li> <li>Governmental Entity</li> </ul>	y O Noncommercial education		emption (see 47 C.F.R.Section 1.1114).			
• 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 I 01/15/2006	Date					
7. CitySouthbury		8. Latitud (dd mm ss				

9. State CT	10. Longitude (dd mm ss.s h) 73 17 19.0 W						
11. Please supply any need attachments.							
Attachment 1: Need Attachment Attachment 2:	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.)							
Telenor Satellite, Inc. seeks special temporary authority to enable its earth station KA312 in Southbury, CT to communicate with the Inmarsat 4F2 satellite when that satellite becomes operational on or about January 15, 2006.							
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 Keith H. Fagan	15. Title of Person Signing 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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