

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
60 Day STA for E030055 to Allow Transition of Inmarsat D+ Service to New Inmarsat 4F2 Satellite

1. Applicant

Name:	SkyWave Mobile Communications, Corp.	Phone Number:	6138364844
DBA Name:		Fax Number:	6138361088
Street:	30 Edgewater Street Suite 110 Ottawa	E-Mail:	ani.tourian@skywave.com
City:		State:	
Country:		Zipcode:	-
Attention:	Ms. Ani Tourian		

2. Contact

Name:	Alfred Mamlet	Phone Number:	202-429-6205
Company:	Steptoe & Johnson, LLP	Fax Number:	202-429-3902
Street:	1330 Connecticut Ave., NW	E-Mail:	amamlet@steptoe.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -1795
Attention:		Relationship:	Legal Counsel

(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 SESMFS2005120701709 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 CGB – Mobile Satellite Earth Stations

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

01/13/2006

7. City

8. Latitude

(dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: STA Description Attachment 2: Tourian Declaration Attachment 3: Cert. of Service	
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;"> SkyWave Mobile Communications, Corp. ('SkyWave') requests special temporary authority to allow for the transition of the Inmarsat D+ service currently provided by the Inmarsat 3 satellite at 54 W.L. to the new Inmarsat 4F2 satellite at 52.75 W.L. Please see the attached narrative application for further detail. </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="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing Ani Tourian	15. Title of Person Signing Vice President of Finance and Administration
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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