## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: FEMA KATRINA RELATED STA REQUEST DECEMBER 29

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Name: LORAL SPACECOM Phone Number: 908–470–2342

CORPORATION

**DBA Name:** Fax Number: 908–470–2453

Street: 500 Hills Drive E–Mail: se@loralskynet.com

7018

City: Bedminster State: NJ

**Country:** USA **Zipcode:** 07921 -7018

**Attention:** Mr Stanley Edinger

2. Contact				
Name:	Stanley Edinger	Phone Number:	908-470-2342	
Company:	Loral Skynet Network Services, Inc.	Fax Number:	908-470-2453	
Street:	500 Hills Drive	E–Mail:	se@loralskynet.com	
	PO Box 7018			
City:	Bedminster	State:	NJ	
Country:	USA	Zipcode:	07921 -7018	
Attention:	Mr Stanley Edinger	Relationship:	Same	
application. Please ente			ne file number or the IB Submission ID of the relat	ed
If Yes, complete and	d with this application? d attach FCC Form 159. If No, ind ty Noncommercial educational		on (see 47 C.F.R.Section 1.1114).	
Other(please explain	~	ricensee		
4b. Fee Classification	CGS – Fixed Satellite Small Transn	nit/Receive Earth Station		
5. Type Request				
Use Prior to Grant	O Chang	e Station Location	O Other	
6. Requested Use Prior 02/11/2006	Date			

7. CityNEW ORLEANS	8. Latitude (dd mm ss.s h) 0 0 0.0				
9. State LA	10. Longitude (dd mm ss.s h) 0 0 0.0				
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.)					
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 Danson Cionina	15 Title of Dancer Cianing				
14. Name of Person Signing Stanley Edinger	15. Title of Person Signing Manager, Government Affairs				
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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