## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for E000282 to communicate with the Inmarsat 4F2 satellite

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		
City:	Rockville	State:	MD		
Country:	USA	Zipcode:	20852 -1064		
Attention:	Keith H. Fagan	Relationship:			
application. Please ent 3. Reference File Nun 4a. Is a fee submitte If Yes, complete an Governmental Ent Other(please expla	er only one.)  The set of the set	r Submission ID  , indicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	elated	
	CGB – Mobile Satellite Earth S	tations			
5. Type Request  Use Prior to Gran	t O Ch	nange Station Location	• Other		
6. Requested Use Prior 01/19/2006	r Date				
7. Cityvarious		8. Latitude (dd mm ss.s h)			

9. State	10. Longitude				
3. State	(dd mm ss.s h) 0 0 0.0				
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.)					
Application for special temporary authority to allow up to 1000 Inmarsat Mini-M full					
duplex mobile earth terminals (METs) to access the Inmarsat 4F2 satellite at 52.75 degrees					
W.L.					
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	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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