## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to Add Inmarsat 3F4 as New Point of Communication for E980136

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 –

**Attention:** 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 –	
Attention:	Keith H Fagan	Relationship:		
application. Please ente 3. Reference File Num  4a. Is a fee submittee  If Yes, complete an	r only one.) ber SESMFS2006040500564 o d with this application?	or Submission ID o, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
Other(please explain				
4b. Fee Classification	CGX – Fixed Satellite Transmi	t/Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 04/10/2006	Date			
7. CitySanta Paula		8. Latitude (dd mm ss.s h)	34 24 6.0 N	

9. State CA	10. Longitude (dd mm ss.s h) 119 4 21.8 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.)					
Request for STA to add Inmarsat 3F4 as a new point of communication in order to faciltate					
service to the FAA					
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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