

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA to Allow E980136 to Communicate with Inmarsat 3F4 at 142W

1. Applicant

Name:	Telenor Satellite, Inc.	Phone Number:	301-838-7860
DBA Name:		Fax Number:	301-838-7752
Street:	1101 Wootton Parkway 10th Floor	E-Mail:	keith.fagan@telenor-usa.com
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 10th Floor	E-Mail:	keith.fagan@telenor-usa.com
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20852 -
Attention:	Keith H. Fagan	Relationship:	

(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 SESMFS2006040500564 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): refile; previous application dismissed without prejudice

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 Date
05/03/2006

7. City Santa 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Request for special temporary authority to allow E980136 to communicate with Inmarsat 3F4 at 142W in order to facilitate service to the FAA</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
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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