APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for WA28 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 -

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 -1064		
Attention:	Keith H Fagan	Relationship:			
application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and	r only one.) ber SESMFS2005112301629 o d with this application? d attach FCC Form 159. If No	or Submission ID o, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).		
Ofther(please explain): One of the often of					
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 05/19/2006	Date				
7. CitySouthbury		8. Latitude (dd mm ss.s h)			

9. State CT	10. Longitude (dd mm ss.s h) 73 17 19.0 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.)					
Telenor Satellite, Inc. seeks special temporary authority to enable its earth station WA28 in Southbury, CT to continue communicating with the Inmarsat 4F2 satellite.					
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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