

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA EXT REQUEST THE FEDERAL STATES OF MICRONESIA 5 23 2006

**1. Applicant**

<b>Name:</b>	Loral Skynet Network Services, Inc.	<b>Phone Number:</b>	908-470-2342
<b>DBA Name:</b>		<b>Fax Number:</b>	908-470-2453
<b>Street:</b>	500 Hills Drive PO Box 7018	<b>E-Mail:</b>	se@loralskynet.com
<b>City:</b>	Bedminster	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	07921 -7018
<b>Attention:</b>	Mr Stanley Edinger		

**2. Contact**

<b>Name:</b>	Mr Stanley Edinger	<b>Phone Number:</b>	908-470-2342
<b>Company:</b>	Loral Skynet Network Services, Inc.	<b>Fax Number:</b>	908-470-2453
<b>Street:</b>	500 Hills Drive PO Box 7018	<b>E-Mail:</b>	se@loralskynet.com
<b>City:</b>	Bedminster	<b>State:</b>	NJ
<b>Country:</b>	USA	<b>Zipcode:</b>	07921 -7018
<b>Attention:</b>	Mr Stanley Edinger	<b>Relationship:</b>	Same

(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 SESSTA2006041100602 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):

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  
06/15/2006



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