

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
GC 65 BULLWINKLE

1. Applicant

Name:	Shell Communications, Inc.	Phone Number:	713-245-1303
DBA Name:		Fax Number:	713-245-1010
Street:	20329	E-Mail:	Lee.Gaspard@Shell.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77252 -0329
Attention:	Room 8W04		

2. Contact			
Name:	Mona Lee	Phone Number:	713.245.1303
Company:	Shell Communications Inc.	Fax Number:	713.245.1010
Street:	P. O. Box 20329	E-Mail:	Mona.Lee@Shell.com
City:	Houston	State:	TX
Country:	USA	Zipcode:	77252 -0329
Attention:	Mona Lee	Relationship:	Other
(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 or Submission ID IB2006001482			
4a. Is a fee submitted with this application?			
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).			
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee			
<input type="radio"/> Other(please explain):			
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station			
5. Type Request			
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other			
6. Requested Use Prior Date			
06/14/2006			
7. CityGulf of Mexico		8. Latitude	
		(dd mm ss.s h) 27 53 6.0 N	

9. State TX	10. Longitude (dd mm ss.s h) 90 54 12.0 W
11. Please supply any need attachments. Attachment 1: A Attachment 2: Exhibit E18 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;"> <p>Gulf of Mexico Hurricane Disaster Recovery Communication Unit - 2.4M C-Band Fixed Satellite System - Transmission and reception of digital data in support of critical infrastructure operations.</p> </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 Mr. Don Happel	15. Title of Person Signing Telecommunications Manager
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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