

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Micronesia Kapolei STA ext.

1. Applicant

Name:	Loral Skynet Network Services, Inc.	Phone Number:	908-470-3430
DBA Name:		Fax Number:	908-470-2453
Street:	500 Hills Drive PO Box 7018	E-Mail:	ndesousa@loralskynet.com
City:	Bedminster	State:	NJ
Country:	USA	Zipcode:	07921 -7018
Attention:	Mr Nelson De Sousa		

2. Contact

Name:	Nelson De Sousa	Phone Number:	908-470-3430
Company:	Loral Skynet Network Services, Inc	Fax Number:	908-470-2453
Street:	500 Hills Drive PO Box 7018	E-Mail:	ndesousa@loralskynet.com
City:	Bedminster	State:	NJ
Country:	USA	Zipcode:	07921 -7018
Attention:	Nelson De Sousa	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 SESSTA2006060600929 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
08/14/2006

7. CityKapolei	8. Latitude (dd mm ss.s h) 21 20 12.6 N
9. State HI	10. Longitude (dd mm ss.s h) 158 5 21.1 W
11. Please supply any need attachments. Attachment 1: Micronesia Ext Grant Attachment 2: E980250 Micronesia S 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;">STA request to extend the authority granted on 06/08/2006 to provide service to The Federated States of Micronesia from Kapolei, Hawaii E980250 via Telstar-18 for 60 days.</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 Nelson De Sousa	15. Title of Person Signing Manager, Government and Regulatory Affairs
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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