## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA renewal for E000283 to communicate with Inmarsat 4F2

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 –		
Attention:	Keith H Fagan	Relationship:			
application. Please enter			e file number or the IB Submission ID of the related	d	
	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	CGB – Mobile Satellite Earth S	Stations			
5. Type Request					
Use Prior to Grant Change Station Location Other					
6. Requested Use Prior I 09/16/2006	Date				
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0		

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: 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. requests renewal of special temporary authority to allow up to 1,000 Inmarsat M full-duplex mobile earth terminals (METs) to continue to access the Inmarsat 4F2 satellite at 52.75 degrees W.L.				
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 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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