APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Renewal of STA for Ku–band ESV Operations via Southbury Teleport

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	7:	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:	Legal Counsel		
application. Please er 3. Reference File Nu 4a. Is a fee submit If Yes, complete a	ter only one.) mber SESMOD2006051900858 ted with this application? and attach FCC Form 159. If No	or Submission ID , indicate reason for fee exemptio	ne file number or the IB Submission ID of the related on (see 47 C.F.R.Section 1.1114).		
*	ntity O Noncommercial education	ional licensee			
• Other(please explain):					
4b. Fee Classification	CGV – Fixed Satellite VSAT S	ystem			
5. Type Request					
Use Prior to Grant O Change Station Location O Other					
6. Requested Use Pric 09/18/2006	or Date				
7. CitySouthbury		8. Latitude (dd mm ss.s h)	0 0 0.0		

9. State CT	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. seeks renewal of its STA authority for ESV operation via its						
Southbury Teleport.						
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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