## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA renewal for E000285 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	y:	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 –	
Attentior	n: Keith H Fagan	Relationship:		
application. Please et 3. Reference File Nu 4a. Is a fee submi If Yes, complete	nter only one.) number SESMFS2006011800053 of tted with this application? and attach FCC Form 159. If No ntity Noncommercial education	r Submission ID , indicate reason for fee exemption	e file number or the IB Submission ID of the response on (see 47 C.F.R.Section 1.1114).	related
4b. Fee Classification	n CGV – Fixed Satellite VSAT Sy	ystem		
5. Type Request  Use Prior to Gra	ant O Ch	nange Station Location	Other	
6. Requested Use Pri 11/15/2006	ior 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-B full duplex mobile earth terminals (METs) to communicate with 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	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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