APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Renewal to allow 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						
Nam	e:	Telenor Satellite, Inc.	Phone Nu	imber:	301-838-7860	
Com	pany:		Fax Num	ber:	301-838-7752	
Stree	et:	1101 Wootton Parkway	E–Mail:		keith.fagan@telenor-usa.com	
		10th Floor				
City	:	Rockville	State:		MD	
Cour	ntry:	USA	Zipcode:		20852 –	
Atter	ntion:	Keith H Fagan	Relations	ship:		
 (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 SESMFS2006011800053 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 ONOncommercial educational licensee						
Other(please explain):						
4b. Fee Classific	4b. Fee Classification CGB – Mobile Satellite Earth Stations					
5. Type Request						
Use Prior to Grant O Change Station Location O Other						
6. Requested Us 01/15/200		ate				
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 attach	ments.					
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 1000 Inmarsat-B full-duplex mobile earth terminals to continue operating with the Inmarsat 4F2 satellite.						
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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