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 E000282 to communicate with Inmarsat 4F2

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			
Compa	ny:	Fax Number:	301-838-7752			
Street:	1101 Wootton Parkway	E-Mail:	keith.fagan@telenor-usa.com			
	10th Floor					
City:	Rockville	State:	MD			
Country	y: USA	Zipcode:	20852 –			
Attentio	on: Keith H Fagan	Relationship:				
 (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 SESMFS2006011800051 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	on CGB – Mobile Satellite Eart	h Stations				
5. Type Request						
Use Prior to Grant Change Station Location Other						
6. Requested Use P 01/15/2007	rior 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 1000 Inmarsat mini-M 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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