

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Application for Renewal of Special Temporary Authority requested in SES-STA-20061109-01979 (E030055) for an Additional 60 days.

**1. Applicant**

<b>Name:</b>	SkyWave Mobile Communications, Corp.	<b>Phone Number:</b>	613 836-6288
<b>DBA Name:</b>		<b>Fax Number:</b>	613-725-7581
<b>Street:</b>	1145 Innovation Drive, Unit 288 Ottawa	<b>E-Mail:</b>	ani.tourian@skywave.com
<b>City:</b>		<b>State:</b>	
<b>Country:</b>		<b>Zipcode:</b>	-
<b>Attention:</b>	Ms. Ani Tourian		

**2. Contact**

<b>Name:</b>	Alfred Mamlet	<b>Phone Number:</b>	202-429-6205
<b>Company:</b>	Steptoe & Johnson LLP	<b>Fax Number:</b>	202-429-3902
<b>Street:</b>	1330 Connecticut Ave. N.W.	<b>E-Mail:</b>	amamlet@steptoe.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20036 -1795
<b>Attention:</b>		<b>Relationship:</b>	Legal Counsel

(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 SESMFS2005120701709 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    CGB – Mobile Satellite Earth Stations

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior 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: Narrative                      Attachment 2: Cert. of Service                      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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">This is an application to renew the Special Temporary Authority requested in SES-STA-20061109-01979 (originally granted in SES-STA-20051222-01788) for an additional 60 days. This will allow SkyWave to continue to provide the Inmarsat D+ service using the Inmarsat 4F2 satellite.</div>	
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. <span style="float: right;"><input checked="checked" type="radio"/> Yes      <input type="radio"/> No</span>	
14. Name of Person Signing Ani Tourian	15. Title of Person Signing Chief Financial Officer
<b>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).</b>	

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