## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Renewal for E000282

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:		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:		
application. Please enter 3. Reference File Num  4a. Is a fee submitte    If Yes, complete an   Governmental Entir   Other(please expla	er only one.)  aber SESMFS2006011800051 o  d with this application?  ad attach FCC Form 159. If No  ty Noncommercial education	r Submission ID , indicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	related
	CGB – Mobile Saleinle Earth S	otations		
5. Type Request  O Use Prior to Grant  O Change Station Location  O Other				
6. Requested Use Prior 07/20/2007	Date			
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0	

9. State	10. Longitude				
21. State	(dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: Need Showing 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.)					
Applicant Telenor Satellite, Inc. (TSI) 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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