APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Renewal for ESV Operations via KA313

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:	Keith H Fagan	Phone Number:	301-838-7860	
Company:	Telenor Satellite, Inc.	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:		Relationship:	Legal Counsel	
application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain	r only one.) ber SESMOD2007031400351 of the distribution with this application? d attach FCC Form 159. If No ty Noncommercial education	or Submission ID , indicate reason for fee exemption ional licensee	on (see 47 C.F.R.Section 1.1114).	
5. Type Request		•		
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 07/29/2007	Date			
7. CitySouthbury		8. Latitude (dd mm ss.s h)	8. Latitude (dd mm ss.s h) 0 0 0.0	

9. State CT	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 for Ku-band ESV operations via Southbury Teleport, call sign KA313.				
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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