

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–20070716–00943 (E030055) for an Additional 60 days.

1. Applicant

Name:	SkyWave Mobile Communications, Corp.	Phone Number:	613 836–6288
DBA Name:		Fax Number:	613–836–1088
Street:	1145 Innovation Drive, Unit 288 Ottawa	E-Mail:	ani.tourian@skywave.com
City:		State:	
Country:		Zipcode:	–
Attention:	Ms. Ani Tourian		

2. Contact			
Name:	Alfred Mamlet	Phone Number:	202-429-6205
Company:	Steptoe & Johnson LLP	Fax Number:	202-429-3902
Street:	1330 Connecticut Ave. N.W.	E-Mail:	amamlet@steptoe.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -1795
Attention:		Relationship:	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? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other (please explain):			
4b. Fee Classification CGB – Mobile Satellite Earth Stations			
5. Type Request <input type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input checked="" type="radio"/> 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: 5px 0;">This is an application to renew the Special Temporary Authority requested in SES-STA-20070716-00943(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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Ani Tourian	15. Title of Person Signing Chief Financial Officer
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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