APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Application for Renewal of Special Temporary Authority requested in SES–STA–20070907–01250 (E030055) for an Additional 60 days.

lame:	SkyWave Mobile Communications, Corp.	Phone Number:	613 836–6288
DBA Name:		Fax Number:	613-836-1088
treet:	1145 Innovation Drive, Unit 288	E–Mail:	ani.tourian@skywave.com
	Ottawa		
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:	obri	Relationship:	Legal Counsel			
			Kentroniship.	Logar Counser			
 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 Other(please explain): 							
4b. Fee Classification CGB – Mobile Satellite Earth Stations							
5. Type Request • Use Prior to Grant • Change Station Location • Other							
6. Request	ted Use Prior I	Date					
7. City			8. Lati (dd mr	ude n 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.)							
This is an application to renew the Special Temporary Authority requested in SES- STA-20070907-01250(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.							
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 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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