## 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 60 day STA granted in SES–STA–20071207–01679

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	E–Mail:	ani.tourian@skywave.com	
	Ottawa			
City:		State:		
<b>Country:</b>		Zipcode:	_	
Attention:	Ms. Ani Tourian			

2. Contact					
Name:	Alfred M. Mamlet	Phone Number	: 202-429-6205		
Company:	Steptoe & Johnson LLP	Fax Number:	202-429-3902		
Street:	1330 Connecticut Ave., NW	E-Mail:	amamlet@steptoe.com		
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20036 -1795		
Attention:		<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 SESAMD2007101001407 or Submission ID					
		Submission ID			
	d with this application? d attach FCC Form 159. If No, ir	ndicate reason for fe	e exemption (see 47 C.F.R.Section 1.1114).		
<ul> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity</li> <li>Noncommercial educational licensee</li> </ul>					
O 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 04/01/2008	Date				
7. City		8. La (dd n	itude m 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: E030055 STA renewalAttachment 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.)						
Application for renewal of 60-day Special Temporary Authority granted in SES- STA-20071207-01679 to use four new Inmarsat D+ METs. See attached narrative.						
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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