

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Ka Band North Las Vegas Antenna STA

1. Applicant

Name:	New ICO Satellite Services G.P.	Phone Number:	425-636-4242
DBA Name:		Fax Number:	425 636 4201
Street:	2300 Carillon Point	E-Mail:	dennis.schmitt@ico.com
City:	Kirkland	State:	WA
Country:	USA	Zipcode:	98033 -
Attention:	Dennis Schmitt		

2. Contact

Name:	Suzanne Hutchings Malloy	Phone Number:	(202) 330-4005
Company:	ICO Global Communications	Fax Number:	(202) 330-4008
Street:	815 Connecticut Ave	E-Mail:	suzanne.h.malloy@ico.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -
Attention:	Suzanne Hutchings Malloy	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 or Submission ID IB2008000792

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 Noncommercial educational licensee

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 Date

04/14/2008

7. City North Las Vegas

8. Latitude

(dd mm ss.s h) 36 14 9.7 N

9. State NV	10. Longitude (dd mm ss.s h) 115 7 3.4 W
11. Please supply any need attachments. Attachment 1: Exhibit A 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">New ICO Satellite Services G.P. requests special temporary authority to operate a 13.2 meter K-band antenna to communicate with ICO G1 for in-orbit testing and prior to filing a license application.</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 Dennis Schmitt	15. Title of Person Signing Director
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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