APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for Extension of STA, Call Sign E060076, File No. SES-STA-20070102-00003

1. Applicant

Name: BT Americas Inc. **Phone Number:** 703–755–6733

DBA Name: Fax Number: 703–755–6740

Street: 11440 Commerce Park Drive E–Mail: linda.cicco@bt.com

City: Reston State: VA

Country: USA Zipcode: 20191 -

Attention: Ms Linda J Cicco

2. Contact				
Name:	Linda J. Cicco	Phone Number:	703 755 6733	
Company:	BT Americas Inc.	Fax Number:	703 755 6740	
Street:	11440 Commerce Park Drive	E–Mail:	linda.cicco@bt.com	
City:	Reston	State:	VA	
Country:	USA	Zipcode:	20191 –	
Attention: Re		Relationship:	elationship:	
application. Please ente 3. Reference File Num			ne file number or the IB Submission ID of the related	
	d attach FCC Form 159. If No, in	dicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
_	ty Noncommercial education			
Other(please explain	n):			
4b. Fee Classification	CGB – Mobile Satellite Earth Stat	ions		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 05/11/2008	Date			
7. City		8. Latitude (dd mm ss.s h)	0 0 0.0	

	10 T 1 1			
9. State	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.)				
The purpose of this submission is to request an extension of 60 days, from May 11, 2008 to				
July 11, 2008 to avoid disruption to existing customer service.				
dary ir, zoos es avera arbraperon es emiserne casesmer service.				
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No				
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			
Linda J. Cicco	Regulatory Compliance Manager			
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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