

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Request to test operation a new TT&C antenna.

1. Applicant

Name:	SES Americom, Inc.	Phone Number:	609-987-4062
DBA Name:		Fax Number:	609-987-4260
Street:	Four Research Way	E-Mail:	jim.barker@ses-americom.com
City:	Princeton	State:	NJ
Country:	USA	Zipcode:	08540 -6684
Attention:	James R Barker		

2. Contact			
Name:	James Barker	Phone Number:	609-987-4062
Company:	SES Americom, Inc.	Fax Number:	609-987-4260
Street:	Four Research Way	E-Mail:	jim.barker@ses-americom.com
 City:	Princeton	 State:	NJ
Country:	USA	Zipcode:	08540 - 6684
Attention:	James Barker	Relationship:	Same
(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 SESLIC2008070800909 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 ☐ Noncommercial educational licensee ☐ Other (please explain):			
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station			
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other			
6. Requested Use Prior Date			
07/10/2008			

7. CityVernon	8. Latitude (dd mm ss.s h) 41 12 10.0 N
9. State NJ	10. Longitude (dd mm ss.s h) 74 31 39.0 W
11. Please supply any need attachments. Attachment 1: Vernon11 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.) SES Americom, Inc. requests Special Temporary Authority to test an antenna constructed at SES' own risk, that will provide telemetry, tracking and control operations.	
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. ☒ Yes ☐ No	
14. Name of Person Signing Nancy J. Eskenazi	15. Title of Person Signing Vice President and Associate General Counsel
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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