

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
60-Day STA for E030055 to communicate with the Inmarsat I2F1 satellite at 142 W.L.

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
City:	Ottawa	State:	
Country:		Zipcode:	-
Attention:	Ms. Ani Tourian		

2. Contact

Name:	Marc Paul	Phone Number:	202-429-6484
Company:	Stepte & Johnson LLP	Fax Number:	202-429-3902
Street:	1330 Connecticut Ave. NW	E-Mail:	mpaul@steptoe.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -1795
Attention:		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 SESSTA2009051100576 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

07/17/2009

7. City

8. Latitude

(dd mm 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: STA Narrative 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;">SkyWave Mobile Communications, Corp. ('SkyWave') requests renewal of Special Temporary Authority to use a second generation Inmarsat satellite located at 142 W.L. Please see the attached narrative for further detail.</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 Ani Tourian	15. Title of Person Signing Vice President of Finance and Administration
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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