## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E7169 STA Request

1. Applicant

Name: SES Americom, Inc. Phone Number: 202–478–7137

**DBA Name:** Fax Number: 202–478–7101

Street: 2001 L Street, NW E-Mail: daniel.mah@ses.com

Suite 800

City: Washington State: DC

Country: USA Zipcode: 20036 -

**Attention:** Daniel C.H. Mah

2. Contac	t					
	Name:	Karis A. Hastings, Esq.	Phone Number:	202-637-5767		
	Company:	Hogan & Hartson LLP	Fax Number:	202-637-5910		
	Street:	555 Thirteenth Street, NW	E–Mail:	kahastings@hhlaw.com		
	City:	Washington	State:	DC		
	Country:	USA	Zipcode:	20004 -1120		
	Attention:	USA	Relationship:	20004 -1120		
	Attention:		Keiauonsinp:			
application. Please enter only one.)  3. Reference File Number 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  O Use Prior to Grant  O Change Station Location  O Other						
6. Request	ted Use Prior I	Date				
7. City			8. Latitude (dd mm ss.s l	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: Attachment 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. seeks special temporary au in connection with the in-orbit testing and T S2807.						
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	15. Title of Person Signing					
Daniel C.H. Mah	Regulatory 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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