APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Request for STA to Test the NWM–17 Antenna on E000696 Using NSS–7 and NWM–16 Antenna

Name:	SES Americom, Inc.	Phone Number:	202-478-7137
DBA Name:		Fax Number:	202-478-7101
Street:	1129 20th Street NW	E-Mail:	daniel.mah@ses.com
	Suite 1000		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention:	Daniel C.H. Mah		

2. Contact						
Name:	Daniel C.H. Mah	Phone Number:	202–478–7137			
Company	SES Americom, Inc.	Fax Number:	202-478-7101			
Street:	1129 20th Street NW	E–Mail:	daniel.mah@ses.com			
	Suite 1000					
City:	Washington	State:	DC			
Country:	USA	Zipcode:	20036 –			
Attention:	Daniel C.H. Mah	Relationship:	Legal Counsel			
		ith the Commission, enter either th	e file number or the IB Submission ID of the related			
application. Please enter only one.) 3. Reference File Number SESMFS2013060400470 or Submission ID						
4a. Is a fee submitt	ed 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 O Noncommercial educational licensee						
Other(please explain):						
4b. Fee Classification	CGX – Fixed Satellite Transm	it/Receive Earth Station				
5. Type Request						
	- (- 04			
Use Prior to Gram		Change Station Location	• Other			
6. Requested Use Prio 07/15/2013	r Date					
7. CityBristow		8. Latitude				
		(dd mm ss.s h)	38 47 2.4 N			

9. State VA	10. Longitude (dd mm ss.s h) 77 34 21.9 W					
11. Please supply any need attachments.						
Attachment 1: STA NarrativeAttachment 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.)						
Request for STA to perform transmit tests on the proposed NWM-17 antenna on E000696 following a fault repair. The test will be performed in conjunction with NSS-7 and the proposed NWM-16 antenna. See attached narrative for full description.						
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 Daniel C.H. Mah	15. Title of Person Signing 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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