## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Expedited Action Requested

1. Applicant

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:  | SES Americom, Inc.   | Phone Number:  | 202-478-7137                      |  |
| Company:   |  | 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                     |  |
|  |  |  |                                   |  |
| application. Please ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain | r only one.) ber SESMFS2013081400732 d with this application? d attach FCC Form 159. If N ty Noncommercial educa n): | or Submission ID  o, indicate reason for fee exemption tional licensee | on (see 47 C.F.R.Section 1.1114). |  |
| 4b. Fee Classification   | CGX – Fixed Satellite Transm   | it/Receive Earth Station   |                                   |  |
| <ul><li>5. Type Request</li><li>Use Prior to Grant</li></ul>   | <b>o</b> (   | Change Station Location  | Other                             |  |
| 6. Requested Use Prior 12/09/2013  | Date   |  |                                   |  |
| 7. CityBristow   |  | 8. Latitude (dd mm ss.s h)   |                                   |  |

| 9. State VA   | 10. Longitude (dd mm ss.s h) 77 34 23.0 W |  |  |  |
|---|---|--|--|--|
|   | (dd mm ss.s h) 77 34 23.0 W               |  |  |  |
| 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.)  |   |  |  |  |
| Expedited action by 12/9/2013 is requested  |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| 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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