

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for 30-Day STA to Operate 1 meter Antenna in Ku-band Pending Action on Extended STA Request

1. Applicant

Name:	SES Americom, Inc.	Phone Number:	202-478-7143
DBA Name:		Fax Number:	202-478-7111
Street:	1129 20th Street NW Suite 1000	E-Mail:	petra.vorwig@ses.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:	Ms Petra A Vorwig		

2. Contact

Name:	SES Americom, Inc.	Phone Number:	202-478-7143
Company:		Fax Number:	202-478-7111
Street:	1129 20th Street NW Suite 1000	E-Mail:	petra.vorwig@ses.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:		Relationship:	

(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 or Submission ID IB2017000649

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
04/02/2017

7. CityBristow

8. Latitude
(dd mm ss.s h) 38 46 58.92 N

9. State VA	10. Longitude (dd mm ss.s h) 77 34 26.42
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.) SES Americom, Inc, requests Special Temporary Authority for 30 days beginning on April 2, 2017 to test an Intellian V100 antenna. The antenna will communicate with the SES-4 satellite (call sign S2828) in the conventional Ku-band. SES Americom has simultaneously filed an application requesting STA for 180 days, IB Submission No. IB2017000649.	
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 Ms. Petra A Vorwig	15. Title of Person Signing Senior Legal & 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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