

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Extension Application for E120025 (from 2017-07-01 to 2017-08-30)

1. Applicant

Name:	Kongsberg Satellite Services AS	Phone Number:	(+47) 77 60 02 50
DBA Name:		Fax Number:	(+47) 77 60 02 99
Street:	Prestvannveien 38	E-Mail:	stenare.ellefsen@ksat.no
City:	9011 Tromso	State:	
Country:		Zipcode:	-
Attention:	Mr. Sten Are Ellefsen		

2. Contact			
Name:	Pamela L. Meredith	Phone Number:	202.625.4890
Company:	Zuckert, Scoutt & Rasenberger, L. L.P.	Fax Number:	202.625.8304
Street:	888 Seventeenth St. N.W. Ste. 700	E-Mail:	plmspace@erols.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 –
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 SESSTA2017011200045 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			

7. CityFairbanks	8. Latitude (dd mm ss.s h) 64 48 47.4 N
9. State AK	10. Longitude (dd mm ss.s h) 147 44 0.2 W
11. Please supply any need attachments. Attachment 1: Exh A, 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.) Kongsberg Satellite Services AS requests a 60-day extension of its existing STA (expiring July 1) to operate its Fairbanks, AK transmit/receive earth station (E120025) remotely from its Tromso Network Operations Center in Norway, pending permanent authority. See Exhibit A, Narrative Supplement.	
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. ☒ Yes ☐ No	
14. Name of Person Signing Sten Are Ellefsen	15. Title of Person Signing Legal 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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