

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Ceiba PR Extension – 30 days (Nov. 2017)

1. Applicant

Name:	O3b Limited	Phone Number:	2028134033
DBA Name:		Fax Number:	United States
Street:	900 17th Street, NW, #300	E-Mail:	will.lewis@o3bnetworks.com
City:	Washington	State:	
Country:	USA	Zipcode:	–
Attention:	Ms Suzanne Malloy		

2. Contact

Name:	Will Lewis	Phone Number:	2028134033
Company:	O3b Limited	Fax Number:	
Street:	900 17th St. NW Suite 300	E-Mail:	will.lewis@o3bnetworks.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -2413
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 SESSTA2017101101135 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

11/09/2017

7. CityCeiba

8. Latitude

(dd mm ss.s h) 18 14 24.0 N

9. State PR	10. Longitude (dd mm ss.s h) 65 37 48.0 W
11. Please supply any need attachments. Attachment 1: 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> O3b Limited requests an extension of authority, for a period of 30 days, to operate a 2.4 meter terminal at a in Ceiba, PR with the O3b FSS NGSO satellite system licensed by the United Kingdom in the 28.1-28.4 GHz (Earth-to-space) and the 18.3-18.6 GHz (space-to-Earth) frequency bands. </div>	
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 Suzanne Malloy	15. Title of Person Signing Vice President, Regulatory Affairs
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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