

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Request to Extend STA to Operate E050287 to Provide TT&C for NSS&#8722;6 at 86.8 W.L

1. Applicant

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

|                                                                                       |                                    |                                                                                     |
|---------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------|
|  | File #                             | SES-STA-20200129-00108                                                              |
|                                                                                       | Call Sign<br>(or other identifier) | E-050287                                                                            |
|                                                                                       | Grant Date                         | 2-19-20                                                                             |
|                                                                                       | Term Dates                         | From: 2-19-20 To: 3-20-20                                                           |
|                                                                                       | Approved:                          |  |

**GRANTED**  
International Bureau

|                                                                                                                                                                                                                                                                                                            |                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                          |                                                                                      |
| <b>Name:</b> Karis Hastings                                                                                                                                                                                                                                                                                | <b>Phone Number:</b> 202-599-0975                                                    |
| <b>Company:</b> SatCom Law LLC                                                                                                                                                                                                                                                                             | <b>Fax Number:</b>                                                                   |
| <b>Street:</b> 1317 F Street, N.W.<br>Suite 400                                                                                                                                                                                                                                                            | <b>E-Mail:</b> karis@satcomlaw.com                                                   |
| <b>City:</b> Washington                                                                                                                                                                                                                                                                                    | <b>State:</b> DC                                                                     |
| <b>Country:</b> USA                                                                                                                                                                                                                                                                                        | <b>Zipcode:</b> 20004 -                                                              |
| <b>Attention:</b>                                                                                                                                                                                                                                                                                          | <b>Relationship:</b> 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 or Submission ID                                                                                                                                                                                                                                                                  |                                                                                      |
| 4a. Is a fee submitted with this application?                                                                                                                                                                                                                                                              |                                                                                      |
| <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                                                                                      |
| 4b. Fee Classification CGX - Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                                |                                                                                      |
| 5. Type Request                                                                                                                                                                                                                                                                                            |                                                                                      |
| <input type="radio"/> Use Prior to Grant                                                                                                                                                                                                                                                                   | <input type="radio"/> Change Station Location <input checked="" type="radio"/> Other |
| 6. Requested Use Prior Date                                                                                                                                                                                                                                                                                |                                                                                      |
| 7. City/Mt. Airy                                                                                                                                                                                                                                                                                           | 8. Latitude<br>(dd mm ss.s h) 39 22 37.1 N                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 9. State MD                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Longitude<br>(dd mm ss.s h) 77 4 49.1 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.)                                                                                                                                                                                                                                                                                                   |                                                                  |
| <div style="border: 1px solid black; padding: 5px;"> <p>SES Americom, Inc. requests to extend the special temporary authority it received under file number SES-STA-20191208-01667 for an additional 30 days beginning on February 9, 2020 to operate E050287 to communicate with the Dutch-licensed NSS-6 spacecraft in order to provide telemetry, tracking and control for the satellite at 86.8 W.L. SES is not seeking</p> </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. |                                                                  |
| <div style="display: flex; justify-content: space-around;"> <span>Yes <input checked="" type="radio"/></span> <span>No <input type="radio"/></span> </div>                                                                                                                                                                                                                                                                                 |                                                                  |
| 14. Name of Person Signing<br>Petra A. Vorwig                                                                                                                                                                                                                                                                                                                                                                                              | 15. Title of Person Signing<br>Senior Legal & Regulatory Counsel |
| <p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br/>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br/>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).</p>                                                                                                                                                 |                                                                  |

### **FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0678.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

## **12. Description**

SES Americom, Inc. requests to extend the special temporary authority it received under file number SES-STA-20191208-01667 for an additional 30 days beginning on February 9, 2020 to operate E050287 to communicate with the Dutch-licensed NSS-6 spacecraft in order to provide telemetry, tracking and control for the satellite at 86.8 W.L. SES is not seeking U.S. market access for the satellite.

Applicant: SES Americom, Inc.  
Call Sign: E050287  
File No.: SES-STA-20200129-00108  
Special Temporary Authority ("STA")

SES Americom, Inc. ("SES Americom") is granted STA for 30 days beginning February 19, 2020 to operate on frequencies 14496.0 MHz and 14499.0 MHz (V,H polarization) (Earth-to-space), 11198.0 MHz and 11199.5 MHz (H,V polarization) (space-to-Earth) from fixed satellite earth station at geographic coordinates 39° 22' 37.1"N, 077°04' 49.1"W in Mount Airy, MD to provide telemetry, tracking, and command ("TT&C") services for the Dutch-licensed NSS-6 satellite to maintain satellite at 86.8° W. Operations will be under the following conditions:

1. Emission designator 1M00F9D, maximum eirp of 73.0 dBW, maximum eirp density of 49.1 dBW/4kHz.
2. All operations shall be on an unprotected and non-harmful interference basis, E050287, shall not cause harmful interference to, and shall not claim protection from, interference caused to it by any other lawfully operating station and it shall cease transmission(s) immediately upon notice of such interference and must inform the Commission, in writing, immediately of such an event.
3. All operators of satellites in that path will be provided with an emergency phone number where the licensee can be reached when harmful interference occurs.
4. Currently the 24x7 contact information for the NSS-6 mission is SES Payload management Operations Centre (PMOC), Woodbine, MD, phone +1 410 970 7580, e-mail [PMOC@ses.com](mailto:PMOC@ses.com)
5. Grant of this STA is without prejudice to any determination that the Commission may make regarding pending or future SES Americom applications.
6. This authorization is not for a U.S. Market Access operation.
7. Any action taken or expense incurred as a result of operations pursuant to this STA is solely at SES Americom's risk.

This action is issued pursuant to Section 0.261 of the Commission's rules on delegated authority, 47 C.F.R. §0.261, and is effective upon release.



File # SES-STA-20200129-00108  
Call Sign E050287 Grant Date 2-19-20  
(or other identifier)  
Term Dates  
From: 2-19-20 To: 3-20-20  
Approved: [Signature]