

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 KB27 with NSS-806 at 47.65 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 Suite 1000 | E-Mail: | petra.vorwig@ses.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20036 - |
| Attention: | Ms Petra A Vorwig | | |

| | |
|---|--|
| 2. Contact | |
| Name: Karis Hastings | Phone Number: 2025990975 |
| Company: SatCom Law LLC | Fax Number: |
| Street: 1317 F Street, N.W. Suite 400 | E-Mail: karis@satcomlaw.com |
| City: Washington | State: DC |
| Country: USA | Zipcode: 20004 - |
| 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 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). | |
| <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee | |
| <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. CitySomis | 8. Latitude (dd mm ss.s h) 34 19 31.0 N |

| | |
|--|--|
| 9. State CA | 10. Longitude (dd mm ss.s h) 118 59 44.4 W |
| 11. Please supply any need attachments. Attachment 1: STA 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;">SES Americom, Inc. requests special temporary authority for 30 days beginning on September 2, 2018 to operate KB27 to provide TT&C service for the Dutch licensed NSS-806 (call sign S2591) while it is temporarily located at 47.65 W.L. See attached narrative.</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 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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