

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Extension-STA-E190489

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:	George Varkey	Phone Number:	609-987-4327
Company:	SES	Fax Number:	
Street:	4 Research Way	E-Mail:	george.varkey@ses.com
City:	Princeton	State:	NJ
Country:	USA	Zipcode:	08540 -
Attention:		Relationship:	Engineer

(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 SESLIC2019061100756 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

02/15/2020

7. City Koolulua

8. Latitude

(dd mm ss.s h) 21 40 16.4 N

9. State HI	10. Longitude (dd mm ss.s h) 158 1 52.8 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 request Special Temporary Authority (STA) for 60 days period to allow services using the earth stations with call sign # E190489 as the application for the earths station license is in pending. The earth stations shall access satellite capacity as per the details provided in the license application.</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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