Date & Time Filed: Jul 24 2009 4:45:08:453PM File Number: SES-T/C-INTR2009-02042

APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS FOR	FCC Use Only
TRANSFER OF CONTROL OR ASSIGNMENTFCC 312 MAIN FORM FOR OFFICIAL USE	
ONLY	

APPLICANT INFORMATION

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

Transfer of control of E890254 and E890255 VSAT licenses from SES Americom, Inc. to Americom Government Services, Inc.

Name:	Americom Government Services, Inc.	Phone Number:	703–610–0990
DBA Name:		Fax Number:	703-610-1030
Street:	2010 Corporate Ridge, Suite 600	E-Mail:	michael.cade@americom-gs.com
City:	McLean	State:	VA
Country:	USA	Zipcode:	22102 –
Attention:	Michael F. Cade		

9–16. Name of Contact Representative

Name: Americom Government Services, **Phone Number:** 703–610–0990

Inc.

Company: Fax Number: 703–610–1030

Street: 2010 Corporate Ridge, Suite 600 E-Mail: michael.cade@americom-gs.com

City: McLean State: VA

Country: USA Zipcode: 22102–

Attention: Michael F. Cade **Relationship:**

CLASSIFICATION OF FILING

17. Choose the button next to the classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b.

(N/A)

(N/A)

a1. Earth Station

a2. Space Station

(N/A) b1. Application for License of New Station

(N/A) b2. Application for Registration of New Domestic Receive-Only Station

(N/A) b3. Amendment to a Pending Application

(N/A) b4. Modification of License or Registration

b5. Assignment of License or Registration

6 b6. Transfer of Control of License or Registration

(N/A) b7. Notification of Minor Modification

(N/A) b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite

(N/A) b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the United States

(N/A) b10. Other (Please specify)

17c. Is a fee submitted with this applicati If Yes, complete and attach FCC Form Governmental Entity Noncomme	159. If No, indicate reason	for fee exemption (se	e 47 C.F.R.Section 1.1114).
Other(please explain):			
17d. Fee Classification A CZV – Fixed Satellite Fee Classification B	VSAT System	Quantity 1 (First Station)	
Fee Classification B		Quantity 0 (Each Additional Sta	ntion)
18. If this filing is in reference to an existing station, enter: (a) Call sign of station: Not Applicable	19. If this filing is an amen (a) Date pending application Not Applicable		oplication enter: (b) File number of pending application: Not Applicable

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Select all that apply:
a. Fixed Satellite
b. Mobile Satellite
c. Radiodetermination Satellite
d. Earth Exploration Satellite
e. Direct to Home Fixed Satellite
f. Digital Audio Radio Service
g. Other (please specify)
21. STATUS: Choose the button next to the applicable status. Choose 22. If earth station applicant, check all that apply.
only one. Using U.S. licensed satellites
Common Carrier Non-Common Carrier Using Non-U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Choose one. Are these facilities:
Connected to a Public Switched Network Not connected to a Public Switched Network N/A
24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).
a. C–Band (4/6 GHz) b. Ku–Band (12/14 GHz)
c.Other (Please specify upper and lower frequencies in MHz.)
Frequency Lower: Frequency Upper:

TYPE OF STATION

25. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.
a. Fixed Earth Station
b. Temporary–Fixed Earth Station
c. 12/14 GHz VSAT Network
d. Mobile Earth Station
e. Geostationary Space Station
f. Non-Geostationary Space Station
g. Other (please specify)
26. TYPE OF EARTH STATION FACILITY: Choose only one.
Transmit/Receive Transmit-Only Receive-Only N/A
PURPOSE OF MODIFICATION
27. The purpose of this proposed modification is to: (Place an "X" in the box(es) next to all that apply.)
Not Applicable

ENVIRONMENTAL POLICY

the Commission's rules, 47 C.F.R. 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.				
ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronautical en route or aeronautical fixed radio station services are not required to respond to Items 30–34.				
29. Is the applicant a foreign government or the representative of any foreign government?	O Yes O No			
30. Is the applicant an alien or the representative of an alien?	O Yes O No N/A			
31. Is the applicant a corporation organized under the laws of any foreign government?	O Yes O No N/A			
32. Is the applicant a corporation of which more than one—fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	O Yes O No N/A			

O Yes No

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental

impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of

33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one–fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	◆ Yes • N/A	O No
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.		
BASIC QUALIFICATIONS		
35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	O Yes	⊚ No
36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	⊚ No
37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	No

38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of circumstances	O Yes	No
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances.	O Yes	No
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.		
41. 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 Yes ■ Yes ■ Nes Nes	O No
42a. Does the applicant intend to use a non–U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.		O No

42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station? All foreign-licensed space stations on the permitted list. No change proposed.

43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Transfer of control of the VSAT authorizations E890254 and E890255, held by Americom Government Services, Inc. from SES Americom, Inc. to Americom Government Services, Inc.

CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Choose the button next	to applicable response.)			
O Individual				
Unincorporated Association				
O Partnership				
Governmental Entity				
Other (please specify)				
45. Name of Person Signing		46. Title of Person Sign	ning	
Robert T. Osterthaler		President and CEO		
47. Please supply any need attachments.				
Attachment 1:	Attachment 2:		Attachment 3:	
				-
			Y FINE AND / OR IMPRISONMENT	
•	- ·		STATION AUTHORIZATION	
(U.S. Code, Title 47, Sect	110ft 512(a)(1)), AND/OR	FORFEITURE (U.S. C	Code, Title 47, Section 503).	

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule A FOR OFFICIAL USE ONLY

		Select one of t	the following		
O CONSENT TO TRANSFER OF CONTROL			CONSENT TO ASSIGNMENT OF LICENSE		
O NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION		O NOTIFI	ICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION		
A1. Name of Licensee	e (as shown on	FCC 312 – Main Form)			
N	ame:	Americom Government Services, Inc.	Phone Number:	703–610–0990	
DBA Name:		Fax Number:	703-610-1030		
St	treet:	2010 Corporate Ridge	E-Mail:	michael.cade@americom-gs.com	
		Suite 600			
C	city:	McLean	State:	VA	
C	Country:	USA	Zipcode:	22102 –	
A	ttention:	Michael F. Cade			

A8. List Callsign(s) of station(s) being assigned or transfered

| Callsign: |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| E890254 | E890255 | | | | | | |

A9. No. of station(s) listed 2

A10. Name of Transferor/ Assignor

Name: SES Americom, Inc. Phone 202–478–7137

Number:

Company: Fax Number: 202–478–7101

Street: 2001 L Street, NW E-Mail: Daniel.Mah@ses.com

Suite 800

City: Washington State: DC

Country: USA Zipcode: 20036 -

Attention: Regulatory Counsel **Relationship:**

	Name:	Americom Government Services, Inc.	Phone Number:	703-610-0990
	DBA Name:		Fax Number:	703-610-1030
	Street:	2010 Corporate Ridge, Suite 600	E-Mail:	michael.cade@americom-gs.com
	City:	McLean	State:	VA
	Country:	USA	Zipcode:	22102 –
	Attention:	Michael F. Cade		
If yes, attach as E	Exhibit E, a staten	I, is the transferee / assignee directly onent (including organizational diagram d extent of control including: (1) the nd any intermediate subsidiaries or particular control including:	ns where appropr name, address, ci	riate) which fully and

CERTIFICATION

- 1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinenet to Schedule A and all statement made in Schedule A of this application are true, compete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.
- 2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.

A22. Printed Name of Licensee (Must agree with A1) Americom Government Services, Inc.	A24. Title (Office Held by Person Signing) President and CEO
A26. Printed Name of License Transferor / Assignor (Must agree with A10) SES Americom, Inc.	A28. Title (Office Held by Person Signing) Regulatory Counsel
A26. Printed Name of License Transferee / Assignee (Must agree with A15) Americom Government Services, Inc.	A28. Title (Office Held by Person Signing) President and CEO

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