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Callsign:

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

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APPLICANT INFORMATION

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

Sirius XM Haiti STA

1. Applicant

Name:	Sirius XM Radio Inc.	Phone Number:	212-584-5100
DBA Name:		Fax Number:	212-584-5353
Street:	1221 Avenue of the Americas 36th Floor	E-Mail:	james.blitz@siriusxm.com
City:	New York	State:	NY
Country:	USA	Zipcode:	10020 -
Attention:	Mr. James Blitz		

2. Contact			
Name:	Jennifer Hindin	Phone Number:	202-719-4975
Company:	Wiley Rein LLP	Fax Number:	202-719-7207
Street:	1776 K Street, NW	E-Mail:	jhindin@wileyrein.com
 City:	Washington	 State:	DC
Country:	USA	Zipcode:	20006 –
Attention:	Ms. Jennifer Hindin	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? ☒ 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 CRY – Space Station (Geostationary)			
5. Type Request ☐ Change Station Location ☐ Extend Expiration Date ☒ Other			
6. Temporary Orbit Location		7. Requested Extended Expiration Date	

8. 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.)

Sirius XM requests special temporary authority related to its provision of service to Haiti to assist with relief efforts following the recent earthquake.

9. 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 ☐ No

10. Name of Person Signing
Mr. James S. Blitz

11. Title of Person Signing
Vice President, Regulatory Counsel

12. Please supply any need attachments.

Attachment 1: Request

Attachment 2:

Attachment 3:

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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