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File Number: SAT-STA-20200728-00089

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:

Sherpa FX1 STA

1. Applicant

Name:	Spaceflight, Inc.	Phone Number:	202-262-1825
DBA Name:		Fax Number:	
Street:	1505 Westlake Ave. North, Ste 600	E-Mail:	kristina@spaceflight.com
City:	Seattle	State:	WA
Country:	USA	Zipcode:	98109 -
Attention:	Ms Kristina Hloptsidis		

2. Contact	
Name: Jonathan L. Wiener	Phone Number: 703-216-9224
Company: Goldberg, Godles, Wiener & Wright LLP	Fax Number:
Street: 1025 Connecticut Ave., NW Ste. 1000	E-Mail: jwiener@g2w2.com
City: Washington	State: DC
Country: USA	Zipcode: 20036 -
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 CXW - Space Station (Non-Geostationary)	
5. Type Request	
<input type="radio"/> Change Station Location <input type="radio"/> Extend Expiration Date <input checked="" type="radio"/> Other	
6. Temporary Orbit Location NGSO	7. Requested Extended Expiration Date 2021-01-31 00:00:00.0

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.)

Spaceflight Inc., seeks STA to permit it to deploy and operate a spacecraft (Sherpa FX1) for a duration of less than 24 (twenty-four) hours.

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
Kristina Hloptsidis

11. Title of Person Signing
Chief of Regulatory and Risk

12. Please supply any need attachments.

Attachment 1: Attachment 1

Attachment 2: Attachments 2

Attachment 3: 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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