Approved by OMB 3060–0678

Date & Time Filed: Apr 1 2021 10:03:17:610AM File Number: SAT–STA–20210401–00042 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: 180−day STA to Relocate WV−4 (S2348) to 100–400 km

| 1. Applicant | | | | |
|--------------|-----------|----------------------|---------------|-----------------------|
| Na | ame: | Maxar License Inc. | Phone Number: | 303-682-1390 |
| D | BA Name: | | Fax Number: | 303-684-1390 |
| St | reet: | 1300 W. 120th Avenue | E-Mail: | libby.smith@maxar.com |
| | | | | |
| Ci | ity: | Westminster | State: | СО |
| Co | ountry: | USA | Zipcode: | 80234 – |
| At | ttention: | Ms Libby Smith | | |
| | | | | |

| 2. Contact Name: Henry Gola Phone Number: 202–719–7561 Company: Wiley Rein LLP Fax Number: 202–719–7049 Street: 1776 K St. NW E–Mail: hgola@wiley.law City: Washington State: DC Country: USA Zipcode: 20006 – 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 application. Please enter only one.) 3. Reference File Number or Submission ID 4a. Is a fee submitted with this application? If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). Orderrightease explain): Noncommercial educational licensee Other(please explain): 4b. Fee Classification CXW – Space Station (Non–Geostationary) 5. Type Request O Change Station Location Extend Expiration Date Other | | | | | | |
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| | 5. Type Re | quest | | | | |
| 6. Temporary Orbit Location 7. Requested Extended Expiration Date | O Chang | ge Station Loc | cation C | Extend Expiration | Date | • Other |
| | 6. Tempora | ary Orbit Loca | ation | | 7. Requested Exte | nded Expiration Date |

| 8. Description | (If the complete | description does n | ot appear in this box. | , please go to the end | l of the form to view it in its entirety.) |
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Maxar License Inc. requests special temporary authority for 180 days to relocate and operate WorldView−4 (S2348) at orbital altitudes between 100 and 400 km.

| 9. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject | Yes | No |
|--|-----|----|
| 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. | | |

| 10. Name of Person Signing | 11. Title of Person Signing |
|----------------------------|---|
| Libby Smith | Senior Manager and Technology Control Officer |

12. Please supply any need attachments.

| | Attachment 1: Narrative | Attachment 2: | Attachment 3: | |
|---|-------------------------|---------------|---------------|--|
| 1 | | | | |

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