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File Number: SAT-STA-20210812-00098

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-LTC1 STA

1. Applicant

<b>Name:</b>	Spaceflight, Inc.	<b>Phone Number:</b>	866-342-9934
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	1505 Westlake Ave. North, Ste 600	<b>E-Mail:</b>	sfield@spaceflight.com
<b>City:</b>	Seattle	<b>State:</b>	WA
<b>Country:</b>	USA	<b>Zipcode:</b>	98109 -
<b>Attention:</b>	Ms Sasha Field		

2. Contact

<b>Name:</b>	Will Lewis	<b>Phone Number:</b>	203-856-8528
<b>Company:</b>	Spaceflight, Inc.	<b>Fax Number:</b>	
<b>Street:</b>	1505 Westlake Ave. N. Ste 600	<b>E-Mail:</b>	wlewis@spaceflight.com
<b>City:</b>	Seattle	<b>State:</b>	WA
<b>Country:</b>	USA	<b>Zipcode:</b>	98109 -
<b>Attention:</b>		<b>Relationship:</b>	Other

(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    CXW – Space Station (Non-Geostationary)

5. Type Request

- Change Station Location                       Extend Expiration Date                       Other

6. Temporary Orbit Location  
NGSO

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.)

Spaceflight Inc., seeks STA to permit it to deploy and operate the Sherpa-LTC1, launching on a SpaceX Falcon 9 for a period not to exceed 180 days, with such period to commence from launch and deployment is scheduled to occur between December 1, 2021, and January 31, 2021.

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  
Alexandra Field

11. Title of Person Signing  
General Counsel

12. Please supply any need attachments.

Attachment 1: Attachment 1

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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