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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:

STA to Operate XR-1 Satellite

1. Applicant

Name:	ICEYE US, Inc.	Phone Number:	757.493.1387
DBA Name:		Fax Number:	
Street:	70 Discovery	E-Mail:	Leola.Moss@ICEYE.us
City:	Irvine	State:	CA
Country:	USA	Zipcode:	92618 -
Attention:	Ms. Leola Moss		

2. Contact	
Name: Robert S. Koppel Company: Koppel Telecom Law PLLC Street: 9404 Duxford Court	Phone Number: 301.318.5213 Fax Number: E-Mail: koppelb@koppeltelecomlaw.com
City: Potomac Country: USA Attention:	State: MD Zipcode: 20854 – 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	
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.)

Please see attached Public Interest Statement

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
Leola Moss

11. Title of Person Signing
Vice President, Operations and Customer Delivery

12. Please supply any need attachments.

Attachment 1: Public Interest

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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