Approved by OMB 3060–0678

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FCC APPLICATION FOR SPACE AND EARTH STATION:MOD OR AMD – MAIN FORM	FCC Use Only
FCC 312 MAIN FORM FOR OFFICIAL USE ONLY	

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: Manistique, MI Gateway Earth Station Amendment

1–8. Lega	l Name of Ap	plicant		
	Name:	SpaceX Services, Inc.	Phone Number:	202-649-2700
	DBA Name:		Fax Number:	
	Street:	1155 F Street, N.W.	E-Mail:	patricia.cooper@spacex.com
	City:	Washington	State:	DC
	Country:	USA	Zipcode:	20004 –
	Attention:	Ms Patricia Cooper		

9–16. Name	of Contact]	Representative				
N	Name:	SpaceX Services, I	nc.	Phone Number:		202-649-2700
0	Company:			Fax Number:		
Street: 1155 F Street, N.W.		V. E-Mail:			patricia.cooper@spacex.com	
	City:	Washington		State:		DC
	Country:	USA		Zipcode:		20004-
	Attention:	CON		Relationship:		20001
				Relationship.		
CLASSIFIC		E FIL ING				
17. Choose t			I			
classification	n that applie ons a. and b.	es to this filing for Choose only one	(N/A) b2. Appl b 3. Amend	lment to a Pending Ap	on of New Dome	estic Receive–Only Station
	arth Station pace Station		b5. Assignmen b6. Transfer of	ication of License or R t of License or Registr Control of License or cation of Minor Modifi	ration Registration	
			(N/A) b8. Appl Satellite (N/A) b9. Lette States (N/A) b10. Oth (N/A) b11. A to Provide the F (N/A) b12. A	lication for License of er of Intent to Use Nor ner (Please specify) Application for Earth S	New Receive–C n–U.S. Licensed tation to Access e Proposed Freq se Entry	Only Station Using Non–U.S. Licensed I Satellite to Provide Service in the United a Non–U.S.satellite Not Currently Authorized quencies in the United States
			o b14. Modi	fication of Database E	Entry	

17c. Is a fee submitted with this application		
If Yes, complete and attach FCC Form	159. If No, indicate reason for fee exemption (see	ee 47 C.F.R.Section 1.1114).
O Governmental Entity O Noncomme	ercial educational licensee	
• Other(please explain):		
17d.		
Fee Classification CGX – Fixed Satellite 7 Station	Transmit/Receive Earth	
18. If this filing is in reference to an existing station, enter:	19. If this filing is an amendment to a pending ap modification please enter only the file number:	pplication enter both fields, if this filing is a
(a) Call sign of station:	(a) Date pending application was filed:	(b) File number:
	04/22/2020	SESLIC2020042200443

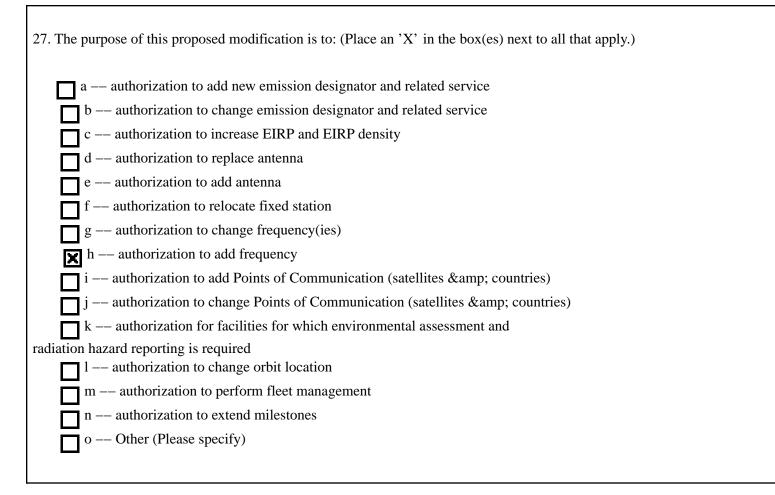
TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provid	e or use the following type(s) of service(s): Select all that apply:
a. Fixed Satellite	
b. Mobile Satellite	
c. Radiodetermination Satellite	
d. Earth Exploration Satellite	
e. Direct to Home Fixed Satellite	
f. Digital Audio Radio Service	
g. Other (please specify)	
21. STATUS: Choose the button next to the applicable status. Choose	22. If earth station applicant, check all that apply.
only one.	Using U.S. licensed satellites
O Common Carrier	Using Non–U.S. licensed satellites
22. If and is an it is INTERNATIONAL COMMON CARDIER	
facilities:	service, see instructions regarding Sec. 214 filings. Choose one. Are these
	Public Switched Network O N/A
24. FREQUENCY BAND(S): Place an 'X' in the box(es) next to all a	applicable frequency band(s).
a. C–Band (4/6 GHz) \square b. Ku–Band (12/14 GHz)	
c.Other (Please specify upper and lower frequencies in MHz.)	
Frequency Lower: 17800 Frequency Upper: 18800	(Please specify additional frequencies in an attachment)

TYPE OF STATION

25. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.
a. Fixed Earth Station
• b. Temporary–Fixed Earth Station
o c. 12/14 GHz VSAT Network
O d. Mobile Earth Station
• e. Geostationary Space Station
• f. Non–Geostationary Space Station
• g. Other (please specify)
26. TYPE OF EARTH STATION FACILITY:
Transmit/Receive Transmit–Only Receive–Only N/A
"For Space Station applications, select N/A."

PURPOSE OF MODIFICATION



ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.	-	Yes Rad.	-		port		
ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aerona aeronautical fixed radio station services are not required to respond to Items 30–34.	autic	al en	rou	te oi	[
29. Is the applicant a foreign government or the representative of any foreign government?	0	Yes	۲	No			
30. Is the applicant an alien or the representative of an alien?	0	Yes	0	No	۲	N/A	L
31. Is the applicant a corporation organized under the laws of any foreign government?	0	Yes	0	No	۲	N/A	.
32. Is the applicant a corporation of which more than one–fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	0	Yes	0	No	۲	N/A	L

33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one–fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?

34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.

BASIC QUALIFICATIONS

35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	O Yes	● No
36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	

O Yes O No ⊚ N/A

37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	● No
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of circumstances	O Yes	● No
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances.	• Yes	O No
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.		

41. 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.

42a. Does the applicant intend to use a non–U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.



O No

Yes

42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station?United States

43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

SpaceX Services seeks authority for a new Ka-band gateway earth station located in Manistique, MI

Narrative

43a. Geographic Service Rule Certification By selecting A, the undersigned certifies that the applicant is not subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25.	● A
By selecting B, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will comply with such requirements.	О ^В
By selecting C, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will not comply with such requirements because it is not feasible as a technical matter to do so, or that, while technically feasible, such services would require so many compromises in satellite design and operation as to make it economically unreasonable. A narrative description and technical analysis demonstrating this claim are attached.	O C

CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Choose the button next to applicable response.)	
O Individual	
• Unincorporated Association	
• Partnership	
• Corporation	
Governmental Entity	
Other (please specify)	
45. Name of Person Signing	46. Title of Person Signing
Patricia Cooper	Vice President, Satellite Government Affairs
>	
	I ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT
(U.S. Code, Title 18, Section 1001), AND/OR R (U.S. Code, Title 47, Section 312(a)(1)), AND/OR	EVOCATION OF ANY STATION AUTHORIZATION EOREFITURE (U.S. Code, Title 47, Section 503)
(0.5, Code, 1100 +7, 500001 512(a)(1)), AND/OK	1 ONE LITONE (0.5, Code, The +7, Section 505).

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule B:(Technical and Operational Description) FOR OFFICIAL USE ONLY

Location of Earth S	tation Site					
E1: Site Identifier:	Manistique MI Gate	E5. Call Sign:				
E2: Contact Name	Ben Stout	E6. Phone Number:	310 682 2553			
E3. Street:		E7. City:	Manistique			
		E8. County:	Schoolcraft			
E4. State	MI	E9. Zip Code				
E10. Area of Opera	tion:	Manistique, MI				
E11. Latitude:	45 °54 '31.0 "N					
E12. Longitude:	86 °29 '0.9 "W					
E13. Lat/Lon Coord	linates are:	O ^{NAD-27}	● NAD-83	O ^{N/A}		
E14. Site Elevation	(AMSL):	206.56 meters				

E15. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurement? If NO, provide as a technical analysis showing compliance with two–degree spacing policy.	O Yes	O ^{No}	● N/A

E16. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with non–geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurements?	O Yes	ONo	● N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	• Yes	o	No

E18. Is frequency coordination required? If YES, attach a frequency coordination report as Coordination Report	۲	Yes	0	No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	0	Yes	۲	No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and/or the FAA's study regarding the potential hazard of the structure to aviation? FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	0	Yes	۲	No

POINTS OF COMMUNICATION

Satellite Name: SPACEX (S2983/3018) | SPACEX (S2983/3018) | NGSO If you selected OTHER, please enter the following:

E21. Common Name:	E22. ITU Name:
E23. Orbit Location:	E24. Country:
POINTS OF COMMUNICATION (Destination Points)	
E25. Site Identifier: Manistique MI Gate	

E26. Common Name:	E27. Country: USA
	-

ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer	E31. Model	E32. Antenna Size <meters></meters>	E41/42. Antenna Gain Transmint and/or Recieve (dBi at GHz)
Manistique MI Gate	LO-1	8	SpaceX	1.47M	1.47	46.9 dBi at 19
Manistique MI Gate	LO-1	8	SpaceX	1.47M	1.47	49.5 dBi at 28

Id	Diameter			Height Above Ground Level	Input Power at	E39. Maximum Antenna Height Above Rooftop (meters)	EIRP for al
LO-1	1.5/1.5	3.2	209.76	0.0	50.0	0.0	66.5

FREQUENCY

	E43/44. Frequency Bands (MHz)				EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
LO-1	17800 18600	R	Left and Right Circular	480MD7W	0.0	0.0

E50. Modulatio	n and Services (If	the complete descr	iption does not appear	in this box, please	go to the end of t	he form to view it in its
entirety.)						
Modulatio	n and Service:	s BPSK up to (54QAM; Digital I	Data		
LO-1	18800 19300	R	Left and Right Circular	480MD7W	0.0	0.0
E50. Modulatio entirety.)	n and Services (If	the complete descr	iption does not appear	in this box, please	go to the end of t	he form to view it in its
Modulatio	n and Services	BPSK up to 6	54QAM; Digital I	Data		
LO-1	27500 29100	Т	Left and Right Circular	480MD7W	60.5	9.7
E50. Modulatio entirety.)	n and Services (If	the complete descr	iption does not appear	in this box, please	go to the end of t	he form to view it in its
Modulatio	n and Service:	s BPSK up to (54QAM; Digital I	Data		
LO-1	29500 30000	Т	Left and Right Circular	480MD7W	60.5	9.7

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Modulation and Services BPSK up to 64QAM; Digital Data

FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	E52/53. Frequency Limits(MHz)	E54/55. Range of Satellite Arc Eastern/West ern Limit	E56. Earth Station Azimuth Angle Eastern Limit	E57. Antenna Elevation Angle Eastern Limit	E58. Earth Station Azimuth Angle Western Limit	E59. Antenna Elevation Angle Western Limit	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
LO-1	Non– Geostationary	17800 18600	0.0/360.0	0.0	25.0	360.0	25.0	0.0
	Non– Geostationary	18800 19300	0.0/360.0	0.0	25.0	360.0	25.0	0.0
	Non– Geostationary	27500 29100	0.0/360.0	0.0	25.0	360.0	25.0	-42.8
	Non– Geostationary	29500 30000	0.0/360.0	0.0	25.0	360.0	25.0	-42.8

REMOTE CONTROL POINT LOCATION

E61. Call Sign REDMOND NOTE: Please enter the callsign of the contro callsign for which this application is being filed.	E66. Phone Number 3106822553			
E62. Street Address 23020 NE Alder Crest Driv				
E63. City REDMOND	E68. County KING		E67/68. State/Country WA/ USA	E64. Zip Code 98053

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