

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E080168 STA for FM-6 LEOP and IOT

1. Applicant

Name:	Sirius XM Radio Inc.	Phone Number:	202-380-1383
DBA Name:		Fax Number:	202-380-4981
Street:	1221 Avenue of the Americas 36th Floor	E-Mail:	james.blitz@siriusxm.com
City:	New York	State:	NY
Country:	USA	Zipcode:	10020 -
Attention:	James S. Blitz		

2. Contact

Name:	Jennifer D. Hindin	Phone Number:	202-719-4975
Company:	Wiley Rein LLP	Fax Number:	202-719-7049
Street:	1776 K Street, NW	E-Mail:	jhindin@wileyrein.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20006 -2398
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?

- 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 CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date

7. City Ellenwood

8. Latitude
(dd mm ss.s h) 33 39 51.0 N

9. State GA	10. Longitude (dd mm ss.s h) 84 16 24.0 W
11. Please supply any need attachments. Attachment 1: Frequency Coordinatio Attachment 2: Narrative Attachment 3:	
12. 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Sirius XM Radio Inc. requests special temporary authority to use its Ellenwood, Georgia earth station with call sign E080168 to provide launch and early orbit phase services to, and in orbit testing of, the FM-6 satellite.</div>	
13. 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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing James S. Blitz	15. Title of Person Signing V.P., Regulatory Counsel
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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