

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
SHERPA earth station STA – North Pole

1. Applicant

Name:	Spaceflight, Inc.	Phone Number:	202-262-1825
DBA Name:		Fax Number:	
Street:	PO Box 1922	E-Mail:	IHornsby@SpaceflightIndustries.com
City:	Bellevue	State:	WA
Country:	USA	Zipcode:	98009 -
Attention:	Ms Indra Hornsby		

2. Contact

Name:	Jonathan L. Wiener	Phone Number:	202-429-4900
Company:	Goldberg Godles Wiener & Wright LLP	Fax Number:	202-429-4912
Street:	1229 19th Street, NW	E-Mail:	jwiener@g2w2.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -2413
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
01/15/2016

7. CityNorth Pole	8. Latitude (dd mm ss.s h) 64 47 37.0 N
9. State AK	10. Longitude (dd mm ss.s h) 147 32 10.8 W
11. Please supply any need attachments. Attachment 1: Request for STA Attachment 2: Rad Haz 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;">Spaceflight Inc., pursuant to Section 25.120 of the Commission's Rules, hereby requests Special Temporary Authority to permit it to communicate with a spacecraft, known as SHERPA, and corresponding earth stations for a duration of up to twelve (12) hours to take place in a single occurrence between January 15, 2016 and April 15, 2016.</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 Indra Hornsby	15. Title of Person Signing General 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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