APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Second extension of 60–day STA for E950499

1. Applicant							
ſ	Name:	DG Consents Sub, Inc.	Phone Number:	303-682-1390			
I	DBA Name:		Fax Number:	303-684-1390			
S	Street:	1300 W. 120th Avenue	E–Mail:	libby.smith@digitalglobe.com			
(City:	Westminster	State:	СО			
	Country:	USA	Zipcode:	80234 –			
ŀ	Attention:	Ms Libby Smith					

2. Contact							
Name:	Henry Gola	Phone Number:	2027197561				
Compan	y: Wiley Rein LLP	Fax Number:					
Street:	1776 K St NW	E–Mail:	hgola@wileyrein.com				
City:	Washington	State:	DC				
Country	: USA	Zipcode:	20006 –				
Attentio	n:	Relationship:	Legal Counsel				
		d with the Commission, enter either the	e file number or the IB Submission ID of the related				
application. Please e		145 or Submission ID					
3. Reference File Number SESMOD2018110503445 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							
O Other(please explain):							
·							
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request							
O Use Prior to GrantO Change Station LocationO Other							
6. Requested Use Pr	ior Date						
7. CityFairbanks		8. Latitude	64 53 26.0 N				
		(dd mm ss.s h)	04 JJ 20.0 IN				

9. State AK	10. Longitude (dd mm ss.s h) 147 31 44.0 W					
11. Please supply any need attachments.						
Attachment 1: E950499 STA 60–day Attachment 2:	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.)						
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.						
14. Name of Person Signing Libby J. Smith	15. Title of Person Signing Technology Control Officer					
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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