

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Guam STA for Global 1-4 Constellation

1. Applicant

Name:	ATLAS Space Operations, Inc	Phone Number:	231-598-6184
DBA Name:		Fax Number:	
Street:	10850 E Traverse Hwy Ste 3355	E-Mail:	mcarey@atlasground.com
City:	Traverse City	State:	MI
Country:	USA	Zipcode:	49684 -
Attention:	Mr Michael J Carey		

2. Contact

Name:	Hanna Pritchard	Phone Number:	2315986184
Company:	ATLAS Space Operations, Inc	Fax Number:	
Street:	10850 E Traverse Highway Suite 3355	E-Mail:	
City:	Traverse City	State:	MI
Country:	USA	Zipcode:	49684 -
Attention:		Relationship:	

(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 SESLIC2018122403650 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
06/01/2019

7. CityDededo	8. Latitude (dd mm ss.s h) 13 30 48.8 N
9. State GU	10. Longitude (dd mm ss.s h) 144 49 31.1 E
11. Please supply any need attachments. Attachment 1: Request for STA 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">STA to permit critical operations coinciding with the operations of Global 1-4. (Call sign S3032). See FCC file No. SAT-LOA-20180320-00023.</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 Hanna Pritchard	15. Title of Person Signing Orbital Analyst
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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