APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Haras June 2019 STA extension

1. Applicant								
	Name:	Haras Development	Phone Number:	800-927-9800				
	DBA Name:		Fax Number:					
	Street:	251 Little Falls Dr.	E-Mail:					
	City:	Wilmington	State:	DE				
	Country:	USA	Zipcode:	19808 –				
	Attention:							

2. Contact							
	Name:	B. Mathews		ımber:	800-927-9800		
Company		Haras Development	Fax Num	ber:	haras.developments@outlook.com DE		
	Street: 251 Little Falls Dr		E–Mail:				
	City:	: Wilmington					
	Country:	USA	Zipcode:		19808 –		
	Attention: Relati		Relations	ship:			
 (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 SESSTA2019022800221 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. CityDublin	8. Latitude (dd mm ss.s h) 40 6 15.4 N						
9. State OH	10. Longitude (dd mm ss.s h) 83 11 58.4 W						
11. Please supply any need attachments.							
Attachment 1: 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.)							
Per FCC Rule 1.62, applicant seeks to extend the STA granted in File No. SES-STA-20190228- 00221 on May 24, 2019.							
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 B. Mathews	15. Title of Person Signing Engineer						
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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