APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Add SkySat to Point of Communication

1. Applicant

Name: Planet Labs Inc. Phone Number: 415–225–9550

DBA Name: Fax Number:

Street: 645 Harrison Street E–Mail: adonica.wada@planet.com

City: San Francisco State: CA

Country: USA Zipcode: 94107 -

Attention: Adonica Wada

2. Contact			
Name:	Planet Labs Inc.	Phone Number:	415-225-9550
Company:		Fax Number:	
Street:	645 Harrison Street	E–Mail:	adonica.wada@planet.com
	Fourth Floor		
City:	San Francisco	State:	CA
Country:	USA	Zipcode:	94107 –
Attention:		Relationship:	
application. Please enter 3. Reference File Num 4a. Is a fee submitter of If Yes, complete and Governmental Entiron Other(please explain)	er only one.) ber SESMOD2020011700047 d with this application? d attach FCC Form 159. If N ty Noncommercial education:	or Submission ID No, indicate reason for fee exemptional licensee	n (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGX – Fixed Satellite Transn	nit/Receive Earth Station	
5. Type Request Use Prior to Grant	0	Change Station Location	O Other
6. Requested Use Prior 03/15/2020	Date		
7. CityMaddock		8. Latitude (dd mm ss.s h)	38 57 33.8 N

9. State ND	10. Longitude (dd mm ss.s h) 95 15 55.73 W			
11. Please supply any need attachments.				
Attachment 1: Exhibit A 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.)				
Planet Labs Inc. requests special temporary authority to add the SkySat satellite system (S2862) as a Point of Communication for this earth station. See Attachment A for further details.				
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 Adonica Wada	15. Title of Person Signing Vice President, Regulatory Affairs & Compliance			
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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