## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: BARROW STA XR Sat

1. Applicant

Name: ATLAS Space Operations, Inc Phone Number: 12315986184

DBA Name: Fax Number:

Street: 10850 E Traverse Hwy E–Mail: hpritchard@atlasground.com

Ste 2225

City: Traverse City State: MI

Country: USA Zipcode: 49684 -

**Attention:** Ms Hanna R Pritchard

2. Contact			
Name:	Hanna Pritchard	Phone Number:	231–360–7755
Company:	ATLAS Space Operations, INC	Fax Number:	
Street:	10850 E Traverse Hwy, ste 2225	E–Mail:	hpritchard@atlasground.com
City:	Traverse City	State:	MI
Country:	USA	Zipcode:	49684 –
Attention:		Relationship:	Same
application. Please enter 3. Reference File Numb 4a. Is a fee submitted  If Yes, complete and	only one.)  or SESLIC2020101901140 or Subwith this application?  attach FCC Form 159. If No, index  Noncommercial educationa	omission ID  licate reason for fee exempti	on (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGX – Fixed Satellite Transmit/Re	ceive Earth Station	
5. Type Request  Use Prior to Grant	• Chang	e Station Location	Other
6. Requested Use Prior I 01/14/2021	Date		
7. CityUtqiagvik		8. Latitude (dd mm ss.s h)	71 16 30.4 N

9. State AK	10. Longitude (dd mm ss.s h) 156 48 22.0 W			
11. Please supply any need attachments.				
Attachment 1: Narrative 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.)				
Application to operate earth station to communicate with XR-1 NGSO Satellite (S3067) until grant of full license (SES-LIC-20201019-01140).				
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 Hanna Pritchard	15. Title of Person Signing Orbit 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).				

## FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0678.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.