## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension Evanston, WY 11/18/2020

1. Applicant					
Name: DBA Nai	SpaceX Services, Inc.	Phone Number: Fax Number:	202-649-2700		
Street:	1155 F Street, N.W.	E-Mail:	patricia.cooper@spacex.com		
City: Country: Attention		State: Zipcode:	DC 20004 –		

2 Contract					
2. Contact					
Name:	SpaceX Services, Inc.	Phone Number:	202-649-2700		
Compan	y:	Fax Number:			
Street:	1155 F Street, N.W.	E–Mail:	patricia.cooper@spacex.com		
		<b>7</b>			
City:	Washington	State:	DC		
Country	: USA	Zipcode:	20004 –		
Attention:		<b>Relationship:</b>	Relationship:		
<ul><li>(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.)</li><li>3. Reference File Number SESLIC2020040200366 or Submission ID</li></ul>					
<ul> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> </ul>					
Governmental Entity O 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 Pr 11/25/2020	ior Date				
7. CityEvanston		8. Latitude (dd mm ss.s h)	41 5 33.0 N		

9. State WY	10. Longitude (dd mm ss.s h) 110 50 33.4 W					
11. Please supply any need attachments.						
Attachment 1: Evanston WY ExtensioAttachment 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.)						
SpaceX Services seeks extension of its existing special temporary authority for communication between the Evanston, WY earth station and SpaceX NGSO satellites for an additional 60 days.						
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 Patricia Cooper	15. Title of Person Signing Vice President, Satellite Government Affairs					
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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