## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant								
	Name: DBA Name:	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:	Washington USA Ms Patricia Cooper	State: Zipcode:	DC 20004 –				

2. Contact								
	Name:	SpaceX Services, Inc.	Phone Nun	ber: 202-649-2700				
	<b>Company:</b>		Fax Numbe	:				
	Street:	1155 F Street, N.W.	E–Mail:	patricia.cooper@spacex.com				
	City:	Washington	State:	DC				
	<b>Country:</b>	USA	Zipcode:	20004 –				
	Attention:		Relationshi					
(If your ap	plication is rel	ated to an application filed with the	Commission,	enter either the file number or the IB Submission ID of the related				
	n. Please enter							
3. Referen	nce File Numb	er SESLIC2020042200442 or Sub	mission 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).							
		Noncommercial educational	licensee					
Other(	(please explain	ı):						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
5. Type Request								
Use P	Use Prior to Grant O Change Station Location O Other							
6. Request	ted Use Prior I	Date						
11/2	25/2020							
7. CitySlop	pe County		-	Latitude				
			((	1 mm ss.s h) 46 24 30.2 N				

9. State ND	10. Longitude (dd mm ss.s h) 103 6 52.5 W						
11. Please supply any need attachments.							
Attachment 1: Slope County ND ExteAttachment 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 Slope County, ND 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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