

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Charleston, OR STA Extension

1. Applicant

| | | | |
|-------------------|-----------------------|----------------------|----------------------------|
| Name: | SpaceX Services, Inc. | Phone Number: | 202-649-2700 |
| DBA Name: | | Fax Number: | |
| Street: | 1155 F Street, N.W. | E-Mail: | patricia.cooper@spacex.com |
| City: | Washington | State: | DC |
| Country: | USA | Zipcode: | 20004 - |
| Attention: | Ms Patricia Cooper | | |

| | |
|---|--|
| 2. Contact | |
| Name: SpaceX Services, Inc. | Phone Number: 202-649-2700 |
| Company: | Fax Number: |
| Street: 1155 F Street, N.W. | E-Mail: patricia.cooper@spacex.com |
| City: Washington | State: DC |
| Country: USA | Zipcode: 20004 - |
| Attention: | Relationship: |
| (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 SESLIC2020040200365 or Submission ID | |
| 4a. Is a fee submitted with this application? | |
| <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). | |
| <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee | |
| <input type="radio"/> Other(please explain): | |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station | |
| 5. Type Request | |
| <input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other | |
| 6. Requested Use Prior Date 01/20/2020 | |
| 7. CityCharleston | 8. Latitude (dd mm ss.s h) 43 14 54.3 N |

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