## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Hitterdal, MN STA Extension

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

2. Contact								
N	Name:	SpaceX Services, Inc.	Phone Num	ıber:	202–649–	-2700		
	Company:		Fax Numbe	er:				
s	Street:	1155 F Street, N.W.	E–Mail:		patricia.co	ooper@spacex.com		
	City:	Washington	State:		DC			
	Country:	USA	Zipcode:		20004	-		
A	Attention: Relationship:							
		ated to an application filed with the	Commission,	enter either the file num	ber or the	IB Submission ID of the related		
	Please enter		· · D					
	3. Reference File Number SESLIC2020061600649 or Submission ID							
		with this application?	icate reason fo	r fee exemption (see 17	C E P Sec	tion $1  1114$		
	If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).							
1-	• Governmental Entity • Noncommercial educational licensee							
• Other(please explain):								
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station								
5. Type Request								
Use Prior to Grant O Change Station Location O Other								
	d Use Prior D	Date						
01/20/	/2020							
7. CityHitter	rdal			Latitude				
			(d	ld mm ss.s h) 46 58	44.1 N	ſ		

9. State MN	10. Longitude (dd mm ss.s h) 96 15 29.8 W					
11. Please supply any need attachments.						
Attachment 1: Hitterdal,MN STA ExtAttachment 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 Special Temporary Authority to operate earth stations to communicate with its NGSO constellation.						
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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