APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension Request for North Bend, WA (Ku–only)

1. Applicant							
	Name:	SpaceX Services, Inc.	Phone Number:	202-649-2700			
	DBA Name:		Fax Number:				
	Street:	1155 F Street, N.W.	E-Mail:	david.goldman@spacex.com			
	City:	Washington	State:	DC			
	Country:	USA	Zipcode:	20004 –			
	Attention:	Mr David Goldman					

2. Contact								
2. Contact								
N	ame:	SpaceX Services, Inc.	Phone Nu	mber:	202-649	-2700		
C	ompany:		Fax Numb	ber:				
St	treet:	1155 F Street, N.W.	E–Mail:		david.gol	ldman@spacex.com		
Ci	ity:	Washington	State:		DC			
C	ountry:	USA	Zipcode:		20004	_		
At	ttention: Relationship:							
		ated to an application filed with the	Commission	n, enter either the file nur	nber or the	e IB Submission ID of the related		
application. P		only one.) er SESLIC2019040200451 or Subn						
			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). Governmental Entity Noncommercial educational licensee 							
		¥	licensee					
O Utier (pie	• Other(please explain):							
4b. Fee Class	4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request								
Use Prio	Use Prior to Grant O Change Station Location O Other							
6. Requested	Use Prior D	ate						
02/27/2	2021							
7. CityNorth	Bend			8. Latitude				
				(dd mm ss.s h) 47 28	56.8 I	N		

9. State WA	10. Longitude (dd mm ss.s h) 121 45 40.7 W						
11. Please supply any need attachments.							
Attachment 1: North Bend, WA STA 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.)							
NULL 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	15. Title of Person Signing						
David Goldman	Director, Satellite Policy						
 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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