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 Redmond, 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				
Name:	SpaceX Services, Inc.	Phone Number:	202-649-2700	
Company	:	Fax Number:		
Street:	1155 F Street, N.W.	E–Mail:	david.goldman@spacex.com	
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20004 –	
Attention:		Relationship:		
application. Please ent 3. Reference File Nur	ter only one.) mber SESLIC2019040200427 o		e file number or the IB Submission ID of the related	
	ed with this application? nd attach FCC Form 159. If No	o, indicate reason for fee exemptio	on (see 47 C.F.R.Section 1.1114).	
	tity Noncommercial educa		(
Other(please explain				
4b. Fee Classification	CGX – Fixed Satellite Transm	it/Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prio 02/27/2021	r Date			
7. CityRedmond		8. Latitude (dd mm ss.s h)		

9. State WA	10. Longitude				
	(dd mm ss.s h) 122 1 56.0 W				
11. Please supply any need attachments.					
Attachment 1: Redmond, WA STA Ext 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.)					
STA Extension Request for Ground Station in Redmond, WA (Ku-only).					
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No					
subject to a denial of Federal benefits that includes FCC benefits pursua of 1988, 21 U.S.C. Section 862, because of a conviction for possession					
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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