APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Capella 5/6 Calibration STA

1. Applicant								
N	lame:	Capella Space Corp.	Phone Number:	415-481-4727				
D	BA Name:		Fax Number:					
S	treet:	438 Shotwell St.	E-Mail:					
C	City:	San Francisco	State:	CA				
c c	Country:	USA	Zipcode:	94110 –				
A	ttention:	Mr Daniel J Connors Jr.						

2. Contact							
Na	ame:	Dan Connors	Phone Nu	mber:	703W	722;962−0364	
Co	ompany:	Capella Space Corp.	Fax Numl	ber:			
St	reet:	438 Shotwell St.	E-Mail:		dan.conn	ors@capellaspace.com	
Ci	ity:	San Francisco	State:		CA		
Co	ountry:	USA	Zipcode:		94110	_	
At	ttention:		Relations	hip:			
1 · · · · ·		ated to an application filed with the	Commission	n, enter either the file nur	mber or the	e IB Submission ID of the related	
application. P		only one.) er or Submission 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							
• Other(please explain):							
<u> </u>							
4b. Fee Classification CGS – Fixed Satellite Small Transmit/Receive Earth Station							
5. Type Request							
Use Prior to Grant O Change Station Location O Other							
6. Requested	Use Prior E	Date					
7 CitySon En	anaisaa			8. Latitude			
7. CitySan Francisco				(d mm ss.s h) 37 46 26.0 N			

9. State CA	10. Longitude (dd mm ss.s h) 122 25 52.0 W					
11. Please supply any need attachments.						
Attachment 1: NarrativeAttachment 2:	Attachment 3:					
12. Description. (If the complete description does not appear in this be	ox, please go to the end of the form to view it in its entirety.)					
Capella Space Corp. requests Special Temporary Authority to operate an experimental ground-based system for calibrating the Capella synthetic aperture radar system following deployment of the radar in space. See attachment.						
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 Daniel J. Connors	15. Title of Person Signing General Counsel					
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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