APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Fort Lauderdale, FL

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				
Count	ry: USA	Zipcode:	20004 –				
Attenti	ion: Mr David Goldman						

2 Comta at							
2. Contact							
N	ame:	SpaceX Services, Inc.	Phone Nun	iber: 20)2-649-2700		
C C	Company:		Fax Numbe	er:			
S	treet:	1155 F Street, N.W.	E-Mail:	da	wid.goldman@spacex.com		
C	City:	Washington	State:	D	DC		
C	country:	USA	Zipcode:	20	0004 –		
A	Attention: R		Relationshi	elationship:			
(If your appli	ication is rel	ated to an application filed with the	Commission,	enter either the file numbe	er or the IB Submission ID of the related		
application. I			· · ID				
	3. Reference File Number SESLIC2021031100470 or Submission ID						
		with this application?	anto ronson fo	or face ascomption (see ATC	EP Section 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). Governmental Entity Noncommercial educational licensee 						
1 -		¥	ncensee				
Other(pl	• Other(please explain):						
4b. Fee Class	4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request							
Use Prior to Grant O Change Station Location O Other							
6. Requested	Use Prior D	Date					
03/23/	2021						
7. CityFort Lauderdale		-	8. Latitude				
			(((dd mm ss.s h) 26 11 27.1 N			

9. State FL	10. Longitude (dd mm ss.s h) 80 11 35.1 W					
11. Please supply any need attachments.						
Attachment 1: FtLauderdaleFL STAAttachment 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.						
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 David Goldman	15. Title of Person Signing 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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