## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

1. Applicant						
Nan	ne:	SpaceX Services, Inc.	Phone Number:	202-649-2700		
DBA Name:		Fax Number:				
Stre	eet:	1155 F Street, N.W.	E-Mail:	david.goldman@spacex.com		
City	:	Washington	State:	DC		
Cou	intry:	USA	Zipcode:	20004 –		
Atte	ention:	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:		<b>Relationship:</b>					
(If your application is	(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related						
application. Please ent							
3. Reference File Nur	nber SESLIC2020032700326 o	r 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).							
	O Governmental Entity O 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							
6. Requested Use Prior	r Date						
05/15/2021							
7. CityBeekmantown		8. Latitude					
		(dd mm ss.s h)	44 47 23.9 N				

9. State NY	10. Longitude (dd mm ss.s h) 73 28 48.0 W					
11. Please supply any need attachments.						
Attachment 1: Beekmantown, NY 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.						
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					
<ul> <li>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).</li> </ul>						

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