## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

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

2. Contact						
Name:	SpaceX Services, Inc	c. <b>Phone Number:</b> 202	2–649–2700			
Compa	ny:	Fax Number:				
Street:	1155 F Street, N.W.	E–Mail: dav	id.goldman@spacex.com			
City:	Washington	State: DO	7			
	-		-			
Countr		Zipcode: 200				
Attenti	Attention: Relationship:					
		filed with the Commission, enter either the file number	or the IB Submission ID of the related			
application. Please						
3. Reference File	Number SESLIC202007140	0/58 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						
Governmental	Littity Noncommercia					
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9. State KS	10. Longitude (dd mm ss.s h) 97 55 19.1 W						
11. Please supply any need attachments.							
Attachment 1: Inman, KS STA ExtensAttachment 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.							
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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