## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 30–Day STA for ION SCV–003 Spacecraft Supplemental TT&C

1. Applicant

Name: Maris Developments **Phone Number:** 800–927–9800

DBA Name: Fax Number:

Street: 251 Little Falls Dr. E–Mail:

City: Wilmington State: DE

Country: USA Zipcode: 19808 -

**Attention:** 

2. Contact							
Name	: K. McC	Carty	Phone No	umber:	800-927-9800		
Comp	oany: Maris I	Developments	Fax Num	ber:			
Street	251 Lit	tle Falls Dr.	E–Mail:		maris.developments@outlook.com		
City:	Wilmin	ngton	State:		DE		
Coun	try: USA		Zipcode:		19808 –		
Atten	tion:		Relations	ship:	Engineer		
(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 enter only one.)  3. Reference File Number or Submission ID							
	bmitted with this	* *	dianta ransan	for for avamption (see A	17 C ED Section 1 1114)		
<ul> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity</li> <li>Noncommercial educational licensee</li> </ul>							
Other(please		voncommercial education	ar neensee				
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request							
Use Prior to Grant Change Station Location Other							
6. Requested Use	Prior Date						

7. CityBoardman	8. Latitude (dd mm ss.s h) 0 0 0.0					
9. State OR	10. Longitude (dd mm ss.s h) 0 0 0.0					
11. Please supply any need attachments.						
Attachment 1: Narrative 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.)						
Applicant requests 30-day STA, beginning June 24, 2021, to provide supplemental TT&C services to the ION SCV-003 spacecraft. Please see narrative.  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 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 K. McCarty	15. Title of Person Signing Engineer					
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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