APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 30–day STA renewal for Capella–5 and –6

1. Applicant								
	Name:	Haras Development	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. McCarty	Phone Nu	ımber:	800-927-	9800		
	Company: Haras Development		Fax Number:					
	Street: 251 Little Falls Dr.		E-Mail:		haras deve	haras.developments@outlook.com		
	Street.	251 Entre 1 ans D1.	L'ivian.		naras.deve	lopments e outlook.com		
	City:	Wilmington	State:		DE			
	Country:	USA	Zipcode:		19808	-		
	Attention:		Relations	hip:	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 SESSTA2021032500569 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								
O 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. Reques	sted Use Prior	Date						

7. CityDublin		8. Latitude (dd mm ss.s h) 0 0 0.0						
9. State OH		. Longitude d mm ss.s h)	0 0	0.0				
11. Please supply any need attachments.	11. Please supply any need attachments.							
Attachment 1: 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.)								
Per FCC Rule 1.62, applicant will continue to operate under the terms and conditions of its existing STA pending action on this timely filed renewal. See File No. SES-STA- 20210325-00569.								
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 K. McCarty		. Title of Perso Engineer	n Sign	ing				
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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