

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA Extension Request for Merrilan, WI Gateway 12/17/2021

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
Country:	USA	Zipcode:	20004 -
Attention:	Mr David Goldman		

2. Contact	
Name: SpaceX Services, Inc. Company: Street: 1155 F Street, N.W. City: Washington Country: USA Attention: Mr. David Goldman	Phone Number: 202-649-2541 Fax Number: E-Mail: david.goldman@spacex.com State: DC Zipcode: 20004 - Relationship:
(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 SESLIC2019040200425 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 ☐ Other (please explain):	
4b. Fee Classification	
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other	
6. Requested Use Prior Date	
7. CityMerrillan	8. Latitude (dd mm ss.s h) 44 24 22.8 N

9. State WI	10. Longitude (dd mm ss.s h) 90 48 51.4 W
11. Please supply any need attachments. Attachment 1: STA Request 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.) SpaceX Services seeks Special Temporary Authority to operate earth stations to communicate with its NGS0 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. ☒ Yes ☐ No	
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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