Approved by OMB
3060−0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:
Barrow Odyssey STA

1. Applicant

Name:	ATLAS Space Operations, Inc	**Phone Number:**	231−598−6184 x103
DBA Name:		**Fax Number:**	
Street:	10850 E Traverse Hwy	**E−Mail:**	hpritchard@atlasground.com
	Ste 3355		
City:	Traverse City	**State:**	MI
Country:	USA	**Zipcode:**	49684 −
Attention:	Ms Hanna R Pritchard		

2. Contact

Name:	ATLAS Space Operations, Inc	**Phone Number:**	231−598−6184 x103
Company:		**Fax Number:**	
Street:	10850 E Traverse Hwy	E−Mail:	hpritchard@atlasground.com
	Ste 3355		
City:	Traverse City	**State:**	MI
Country:	USA	**Zipcode:**	49684 −
Attention:	Hanna Pritchard	**Relationship:**	Same

(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

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 CGX − Fixed Satellite Transmit/Receive Earth Station

5. Type Request

○ Use Prior to Grant ○ Change Station Location ◉ Other

6. Requested Use Prior Date 05/02/2022	
7. CityUtqiagvik	8. Latitude (dd mm ss.s h) 71 16 30.4 N

9. State AK	10. Longitude (dd mm ss.s h) 156 48 22.0 W

11. Please supply any need attachments.

Attachment 1: STA 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 May 2, 2022, to provide a TT&C test event with the Odyssey cubesat, hosted by the USSF. Please see narrative for more information.

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 Hanna Pritchard	15. Title of Person Signing Licensing and Regulatory Officer

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