

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA Request for Manistique, MI Gateway 05/13/2022

**1. Applicant**

|                   |                       |                      |                          |
|-------------------|-----------------------|----------------------|--------------------------|
| <b>Name:</b>      | SpaceX Services, Inc. | <b>Phone Number:</b> | 202-649-2700             |
| <b>DBA Name:</b>  |                       | <b>Fax Number:</b>   |                          |
| <b>Street:</b>    | 1155 F Street, N.W.   | <b>E-Mail:</b>       | david.goldman@spacex.com |
| <b>City:</b>      | Washington            | <b>State:</b>        | DC                       |
| <b>Country:</b>   | USA                   | <b>Zipcode:</b>      | 20004 -                  |
| <b>Attention:</b> | Mr. David Goldman     |                      |                          |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |
| <b>Name:</b> SpaceX Services, Inc.<br><b>Company:</b><br><b>Street:</b> 22908 NE Alder Crest Dr<br><br><b>City:</b> Redmond<br><b>Country:</b> USA<br><b>Attention:</b> David Liptsyn                                                                                                                                                                       | <b>Phone Number:</b> 973-856-1385<br><b>Fax Number:</b><br><b>E-Mail:</b> david.liptsyn@spacex.com<br><br><b>State:</b> WA<br><b>Zipcode:</b> 98053 -<br><b>Relationship:</b> |
| (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.)<br>3. Reference File Number SESLIC2020042200443 or Submission ID                                                                                                      |                                                                                                                                                                               |
| 4a. Is a fee submitted with this application?<br><input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                                                                                                                                                                               |
| 4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |
| 5. Type Request<br><br><div style="display: flex; justify-content: space-around;"> <span><input checked="" type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input type="radio"/> Other</span> </div>                                                                                              |                                                                                                                                                                               |
| 6. Requested Use Prior Date<br>06/12/2022                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |
| 7. CityManistique                                                                                                                                                                                                                                                                                                                                           | 8. Latitude<br>(dd mm ss.s h)    45   54   31.0   N                                                                                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 9. State MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10. Longitude<br>(dd mm ss.s h) 86 29 0.9 W               |
| 11. Please supply any need attachments.<br>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.)<br><div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> SpaceX Services seeks Special Temporary Authority to operate earth stations to communicate with its NGS0 constellation. </div>                                                                                                                                                         |                                                           |
| 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. <input checked="" type="radio"/> Yes <input type="radio"/> No |                                                           |
| 14. Name of Person Signing<br>David Goldman                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 15. Title of Person Signing<br>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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