

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA Renewal – ICEYE US

**1. Applicant**

|                   |                      |                      |              |
|-------------------|----------------------|----------------------|--------------|
| <b>Name:</b>      | Maris Developments   | <b>Phone Number:</b> | 800-927-9800 |
| <b>DBA Name:</b>  |                      | <b>Fax Number:</b>   |              |
| <b>Street:</b>    | 251 Little Falls Dr. | <b>E-Mail:</b>       |              |
| <b>City:</b>      | Wilmington           | <b>State:</b>        | DE           |
| <b>Country:</b>   | USA                  | <b>Zipcode:</b>      | 19808 –      |
| <b>Attention:</b> |                      |                      |              |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |
| <b>Name:</b> A. Chretien<br><b>Company:</b><br><b>Street:</b> 251 Little Falls Dr.<br><br><b>City:</b> Wilmington<br><b>Country:</b> USA<br><b>Attention:</b>                                                                                                                                                                                               | <b>Phone Number:</b> 800-927-9800<br><b>Fax Number:</b><br><b>E-Mail:</b><br><br><b>State:</b> DE<br><b>Zipcode:</b> 19808 -<br><b>Relationship:</b> Other |
| (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 SESSTA2022121501538 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 type="radio"/> Use Prior to Grant</span> <span><input type="radio"/> Change Station Location</span> <span><input checked="" type="radio"/> Other</span> </div>                                                                                              |                                                                                                                                                            |
| 6. Requested Use Prior Date                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |
| 7. City Boardman                                                                                                                                                                                                                                                                                                                                            | 8. Latitude<br>(dd mm ss.s h)    45   51   16.95   N                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 9. State OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10. Longitude<br>(dd mm ss.s h) 119 37 53.06 W        |
| 11. Please supply any need attachments.<br>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.)<br><div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> 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-20221215-01538. </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div> |                                                       |
| 14. Name of Person Signing<br>A. Chretien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15. Title of Person Signing<br>Senior Program Manager |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).                                                                                                                                                                                                                                                               |                                                       |

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