

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

HP UT Gen2 STA Extension Request

**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> William M. Wiltshire<br><b>Company:</b> HWG LLP<br><b>Street:</b> 1919 M Street<br>Suite 800<br><b>City:</b> Washington<br><b>Country:</b> USA<br><b>Attention:</b>                                                                                                                                                                            | <b>Phone Number:</b> 2027301350<br><b>Fax Number:</b><br><b>E-Mail:</b> wwiltshire@hwglaw.com<br><b>State:</b> DC<br><b>Zipcode:</b> 20036 –<br><b>Relationship:</b> Legal Counsel |
| (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 SESSTA2022121601403 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                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |
| 5. Type Request<br><br><input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other                                                                                                                                                                                                        |                                                                                                                                                                                    |
| 6. Requested Use Prior Date<br>02/24/2023                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |
| 7. City                                                                                                                                                                                                                                                                                                                                                     | 8. Latitude<br>(dd mm ss.s h)   0   0   0.0                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 9. State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10. Longitude<br>(dd mm ss.s h) 0 0 0.0                            |
| 11. Please supply any need attachments.<br>Attachment 1: STA Extension Reques      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; min-height: 100px;"> SpaceX Services requests 60-day extension of special temporary authority. </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>David Goldman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 15. Title of Person Signing<br>Senior Director of Satellite Policy |
| 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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