

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 Conrad, MT Gateway | 3/14/2023

**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 SESLIC2019081601062 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>02/25/2023                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |
| 7. CityConrad                                                                                                                                                                                                                                                                                                                                               | 8. Latitude<br>(dd mm ss.s h) 48 12 11.9 N                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 9. State MT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10. Longitude<br>(dd mm ss.s h) 111 56 43.0 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;"> SpaceX Services seeks to extend this STA for an additional 60 days. SpaceX has been operating this gateway under the existing STA without complaints from any other authorized spectrum users. Extension of the STA will continue to serve the public interest by promoting the health and safety of SpaceX's NGS0 constellations and supporting robust </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>Senior 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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## **12. Description**

SpaceX Services seeks to extend this STA for an additional 60 days. SpaceX has been operating this gateway under the existing STA without complaints from any other authorized spectrum users. Extension of the STA will continue to serve the public interest by promoting the health and safety of SpaceX's NGSO constellations and supporting robust next-generation satellite broadband for consumers.