APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

. Applicant Name:	Tyvak Nano–Satellite Systems, Inc.	Phone Number:	949–753–1020
DBA Nam	e:	Fax Number:	
Street:	15265 Alton Parkway	E-Mail:	legal2017@tyvak.com
	Suite 200		
City:	Irvine	State:	CA
Country:	USA	Zipcode:	92618 -2606
Attention:	Legal Department		

2. Contact				
Name:	Tyvak Nano–Satellite Systems, Inc.	Phone Number:	949-753-1020	
Company	:	Fax Number:		
Street:	1533– Barranca Parkway	E–Mail:	legal2017@tyvak.com	
City:	Irvine	State:	СА	
Country:	USA	Zipcode:	92618 -2606	
Attention:		Relationship:	Legal Counsel	
 application. Please ent 3. Reference File Nur 4a. Is a fee submitt If Yes, complete a Governmental Ent Other(please explanation) 	ter only one.) nber or Submission ID ed with this application? nd attach FCC Form 159. If No, ind tity O Noncommercial educationa	licate reason for fee exer 1 licensee	nption (see 47 C.F.R.Section 1.1114).	
	COA – Fixed Salenne Hansinit/Ke			
5. Type Request Ise Prior to Grant Change Station Location Other				
6. Requested Use Prio 07/09/2019	r Date			

7. CityFairbanks	8. Latitude (dd mm ss.s h) 65 51 18.0 N				
9. State AK	10. Longitude (dd mm ss.s h) 147 41 9.6 E				
11. Please supply any need attachments.					
Attachment 1: Attachment 2: STA app	hment 1:Attachment 2: STA applicationAttachment 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.)					
STA Application and all corresponding docs found at attachment 2.					
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.					
14. Name of Person Signing Krystle Curnutte	15. Title of Person Signing General Counsel				
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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