APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Greenville PA Ka Gateway Respacing STA Request

1. Applicant							
	Name: DBA Name:	SpaceX Services, Inc.	Phone Number: Fax Number:	202–649–2700			
	Street:	1155 F Street, N.W.	E-Mail:	patricia.cooper@spacex.com			
	City: Country: Attention:	Washington USA Ms Patricia Cooper	State: Zipcode:	DC 20004 –			

2. Contact							
Name:	William M. Wiltshire	Phone Numb	er: 202–730–1350				
Company:	Harris, Wiltshire & Grannis LLP	Fax Number:	202-730-1301				
Street:	1919 M Street, NW	E–Mail:	wwiltshire@hwglaw.com				
	Suite 800						
City:	Washington	State:	DC				
Country:	USA	Zipcode:	20036 –				
Attention:		Relationship :	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.)3. Reference File Number SESLIC2019090601170 or Submission ID							
 4a. Is a fee submitted with this application? If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). Governmental Entity Noncommercial educational licensee Other(please explain): 							
4b. Fee Classification	CGX – Fixed Satellite Transmit/Rec	eive Earth Statio	on				
5. Type Request							
Use Prior to Grant Change Station Location Other							
6. Requested Use Prior I 10/17/2019	Date						
7. CityGreenville			atitude mm ss.s h) 41 26 0.8 N				

9. State PA	10. Longitude (dd mm ss.s h) 80 19 59.6 W					
11. Please supply any need attachments.						
Attachment 1: Gateway STA RequestAttachment 2:	Attachment 3:					
12. Description. (If the complete description does not appear in this be	ox, please go to the end of the form to view it in its entirety.)					
SpaceX Services seeks special temporary authority for communications between its Ka-band gateway earth station and SpaceX NGSO satellites for 60 days after orbital injection.						
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 Patricia Cooper	15. Title of Person Signing Vice President, Satellite Government Affairs					
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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