

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Merrillan WI Ku Gateway Respacing STA Request

1. Applicant

Name: SpaceX Services, Inc. **Phone Number:** 202-649-2700

DBA Name: **Fax Number:**

Street: 1155 F Street, N.W. **E-Mail:** patricia.cooper@spacex.com

City: Washington **State:** DC

Country: USA **Zipcode:** 20004 -

Attention: Ms Patricia Cooper

2. Contact

Name:	William M. Wiltshire	Phone Number:	202-730-1350
Company:	Harris, Wiltshire & Grannis LLP	Fax Number:	202-730-1301
Street:	1919 M Street, NW Suite 800	E-Mail:	wwiltshire@hwglaw.com
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 SESLIC2019040200425 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/Receive Earth Station

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

10/17/2019

7. CityMerrillan

8. Latitude
(dd mm ss.s h) 44 24 22.8 N

9. State WI	10. Longitude (dd mm ss.s h) 90 48 51.4 W
<p>11. Please supply any need attachments.</p> <p>Attachment 1: Gateway STA Request Attachment 2: Attachment 3:</p>	
<p>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.)</p> <div style="border: 1px solid black; padding: 5px;"> <p>SpaceX Services seeks special temporary authority for communications between its Ku-band gateway earth station and SpaceX NGSO satellites for 60 days after orbital injection.</p> </div>	
<p>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.</p> <p style="text-align: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
14. Name of Person Signing Patricia Cooper	15. Title of Person Signing Vice President, Satellite Government Affairs
<p>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).</p>	

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