APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Sanderson TX 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:	SpaceX Services, Inc.	Phone Number:	202-649-2700	
Company	:	Fax Number:		
Street:	1155 F Street, N.W.	E–Mail:	patricia.cooper@spacex.com	
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20004 –	
Attention:		Relationship:		
application. Please en 3. Reference File Nur 4a. Is a fee submitt If Yes, complete a	ter only one.) mber SESLIC2020050500498 o ted with this application? and attach FCC Form 159. If No.	r Submission ID o, indicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
	tity Noncommercial educa	tional licensee		
Other(please expl				
4b. Fee Classification	CGX – Fixed Satellite Transm	it/Receive Earth Station		
5. Type Request				
6. Requested Use Prio 05/15/2020	or Date			
7. CitySanderson		8. Latitude (dd mm ss.s h)		

9. State TX	10. Longitude				
J. State 111	(dd mm ss.s h) 102 53 24.0 W				
11. Please supply any need attachments.					
Attachment 1: Narrative 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.)					
SpaceX Services seeks a 60-day special temporary authority for communications between its					
gateway earth station and SpaceX NGSO satellites.					
13. By checking Yes, the undersigned certifies that neither applicant nor					
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	15. Title of Person Signing				
Patricia Cooper	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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