## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension Vernon, UT

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 end 3. Reference File Nur 4a. Is a fee submitt	ter only one.) mber SESLIC2020070900735 o med with this application?		on (see 47 C.F.R.Section 1.1114).	
- <del></del>	tity Noncommercial educa		`	
Other(please expl				
4b. Fee Classification	CGX – Fixed Satellite Transm	it/Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prio 07/17/2020	or Date			
7. CityVernon		8. Latitude (dd mm ss.s h)	40 4 34.4 N	

9. State UT	10. Longitude (dd mm ss.s h) 112 21 17.0 W			
11. Please supply any need attachments.	(dd IIII 35.5 II) 112 21 17.0 W			
Attachment 1: VernonUT STA Request 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 to extend its Special Temporary Authority to operate earth stations to communicate with its NGSO constellation.				
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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