APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

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 –			
1	Attention:	Ms Patricia Cooper					

2. Contact	L							
2. Contact								
	Name:	SpaceX Services, Inc.	Phone Nun	nber:	202-649-	-2700		
	Company:		Fax Numbe	er:				
	Street:	1155 F Street, N.W.	E–Mail:		patricia.co	ooper@spacex.com		
	City:	Washington	State:		DC			
	Country:	USA	Zipcode:		20004	-		
	Attention:		Relationshi	ip:				
		ated to an application filed with the	Commission,	, enter either the file nur	nber or the	IB Submission ID of the related		
	n. Please enter		minsion ID					
	3. Reference File Number SESLIC2020061600645 or Submission ID							
	4a. Is a fee submitted with this application?							
1 🕶	If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).							
1 *	Governmental Entity Noncommercial educational licensee							
O Utier(• Other(please explain):							
4b. Fee Cla	assification (CGX – Fixed Satellite Transmit/Rec	eive Earth Sta	ation				
5. Type Request								
Use Pr	Use Prior to Grant O Change Station Location O Other							
	ed Use Prior E	Date						
01/2	0/2020							
7. CityTior	nesta		-	. Latitude				
			((dd mm ss.s h) 41 38	38.4 N	1		

9. State CA	10. Longitude (dd mm ss.s h) 121 19 47.9 W					
11. Please supply any need attachments.						
Attachment 1: Tionesta,CA STA ExtAttachment 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 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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