APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Beekmantowm, NY 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 -

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 ento 3. Reference File Num 4a. Is a fee submitte	er only one.) aber SESLIC2020032700326 o		on (see 47 C.F.R.Section 1.1114).	
Governmental Enti	ty Noncommercial educa	tional licensee		
Other(please expla	in):			
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 Prior 01/20/2020	Date			
7. CityBeekmantown		8. Latitude (dd mm ss.s h)		

9. State NY	10. Longitude				
	(dd mm ss.s h) 73 28 48.0 W				
11. Please supply any need attachments.					
Attachment 1: Beekmantown, NY STA 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 Special Temporary Autho	rity to operate earth stations to communicate				
with its NGSO constellation.					
13. By checking Yes, the undersigned certifies that neither applicant nor					
subject to a denial of Federal benefits that includes FCC benefits pursua					
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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