APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension for Loring, ME

1. Applicant

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

DBA Name: Fax Number:

Street: 1155 F Street, N.W. E-Mail: david.goldman@spacex.com

City: Washington State: DC

Country: USA Zipcode: 20004 -

Attention: Mr David Goldman

2. Contact				
Name:	SpaceX Services, Inc.	Phone Number:	202-649-2700	
Company	:	Fax Number:		
Street:	1155 F Street, N.W.	E–Mail:	david.goldman@spacex.com	
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20004 –	
Attention:		Relationship:		
application. Please en 3. Reference File Nu 4a. Is a fee submit	tter only one.) mber SESLIC2019081601063 o ted with this application?	r Submission ID	ne file number or the IB Submission ID of the related	
		o, indicate reason for fee exemption	on (see 4/ C.F.R.Section 1.1114).	
_	ntity Noncommercial educa	nonai ncensee		
Other(please exp.				
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 02/27/2021	or Date			
7. CityLoring		8. Latitude (dd mm ss.s h)	46 54 53.7 N	

9. State ME	10. Longitude (dd mm ss.s h) 67 55 10.3 W			
11. Please supply any need attachments.				
Attachment 1: STA Extension Reques 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.) NULL				
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 David Goldman	15. Title of Person Signing Director, Satellite Policy			
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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