APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

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	
Compa	ny:	Fax Number:		
Street:	1155 F Street, N.W.	E–Mail:	david.goldman@spacex.com	
City:	Washington	State:	DC	
Country	y: USA	Zipcode:	20004 –	
Attention:		Relationship:	Relationship:	
application. Please			e file number or the IB Submission ID of the related	
	nitted with this application? te and attach FCC Form 159. If	No, indicate reason for fee exemptio	n (see 47 C.F.R.Section 1.1114).	
- 	Entity Noncommercial educ		,	
Other(please ex				
4b. Fee Classification	on CGX – Fixed Satellite Trans	mit/Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use P 04/14/2021	Prior Date			
7. CityRobbins		8. Latitude (dd mm ss.s h)		

9. State CA	10. Longitude			
	(dd mm ss.s h) 121 42 25.38 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.)				
SpaceX Services seeks extension to Special Temporary Authority 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 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.				
bee 47 Cr R 1.2002(b) for the meaning of equot, party to the application equot, for these purposes.				
14. Name of Person Signing	15. Title of Person Signing			
David Goldman	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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