## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

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 –		
Attentio	n: 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		
Citari	W. L	54-4	DC		
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20004 –		
Attention:		<b>Relationship:</b>	Relationship:		
<ul><li>(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)</li><li>3. Reference File Number SESLIC2020120801396 or Submission ID</li></ul>					
<ul> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>					
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Request       Image: Station Location       Image: Station Location   Other					
6. Requested Use Prior I 06/08/2021	Date				
7. CityHamshire		8. Latitu (dd mm			

9. State TX	10. Longitude (dd mm ss.s h) 94 18 44.4 W						
11. Please supply any need attachments.							
Attachment 1: STA Extension RequesAttachment 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.							
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						
<ul> <li>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).</li> </ul>							

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