## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension for Hillman, MI - 6/10/21

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			
Countr	y: USA	Zipcode:	20004 –			
Attentio	on: Mr David Goldman					

2. Contact					
2. Contact					
Name:	SpaceX Services, Inc.	Phone Numbe	:: 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:		<b>Relationship:</b>	Relationship:		
(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.)					
3. Reference File Number SESLIC2021030300425 or Submission ID					
<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></ul>					
Governmental Entity Noncommercial educational licensee					
O Other(please explain):					
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Request					
Use Prior to Grant Change Station Location Other					
6. Requested Use Prior I 06/10/2021	Date				
7. CityHillman			titude nm ss.s h) 45 4 23.7 N		

9. State MI	10. Longitude (dd mm ss.s h) 83 54 1.5 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.						
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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