

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
PIQ GUAM STA Extension

1. Applicant

Name: ATLAS Space Operations, Inc **Phone Number:** 231-598-6184 x10

DBA Name: _____ **Fax Number:** _____

Street: 10850 E Traverse Hwy **E-Mail:** hpritchard@atlasground.com
Ste 2225

City: Traverse City State: MI

Country: USA **Zipcode:** 49684

Attention: Ms Hanna R Pritchard

2. Contact

Name:	Hanna Pritchard	Phone Number:	231-360-7755
Company:	ATLAS Space Operations	Fax Number:	
Street:	10850 E Traverse Hwy Ste 3375	E-Mail:	hpritchard@atlasground.com
City:	Traverse City	State:	MI
Country:	USA	Zipcode:	49684 -
Attention:		Relationship:	Same

(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 SESMOD2020083100940 or Submission ID

4a. Is a fee submitted with this application?

If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).

Governmental Entity Noncommercial educational licensee

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 Date

09/11/2021

7. CityDededo

8. Latitude
(dd mm ss.s h) 13 30 48.8 N

9. State GU	10. Longitude (dd mm ss.s h) 144 49 31.1 E
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11. Please supply any need attachments.

Attachment 1:

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.)

Per FCC Rule 1.62, applicant will continue to communicate with GNOMES-2 (WL2XES) under the terms and conditions of its existing STA pending action on this timely filed renewal. See File No. SES-STA-20210521-00827.

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.

Yes

No

14. Name of Person Signing
Hanna Pritchard

15. Title of Person Signing
Licensing and Regulatory Lead

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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