APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Kalama WA – STA Extension – 09/21/2021

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	v: USA	Zipcode:	20004 –	
Attentio	m: 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			
	-					
Countr	-	Zipcode:	20004 –			
Attention:		Relationship:	Relationship:			
(If your application	is related to an application file	d with the Commission, enter either	the file number or the IB Submission ID of the related			
application. Please						
3. Reference File N	Number SESLIC202002100014	8 or Submission ID				
4a. Is a fee submitted with this application?						
If Yes, complet	e and attach FCC Form 159.	If No, indicate reason for fee exempt	ion (see 47 C.F.R.Section 1.1114).			
O Governmental Entity O Noncommercial educational licensee						
O Other(please ex	• 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 Degreeted Lige D	brien Dete					
6. Requested Use P 09/27/2021						
7. CityKalama		8. Latitude				
		(dd mm ss.s h)	46 2 20.3 N			

9. State WA	10. Longitude (dd mm ss.s h) 122 48 29.6 W					
11. Please supply any need attachments.						
Attachment 1: STA Extension Req.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 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	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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