APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Extension – Dumas, TX – Filed 09/22/2021

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: USA Zipcode: 20004 -

Attention: Mr David Goldman

2. Contact						
Na	me:	SpaceX Services, Inc.	Phone No	umber:	2026492	2641
Company:		Fax Number:				
Str	eet:	1155 F Street, N.W.	E–Mail:		david.go	oldman@spacex.com
Ci		Washington	State:		DC	
Cit	-	Washington				
Co	untry:	USA	Zipcode:		20004	_
Attention:			Relations	Relationship:		
4a. Is a fee If Yes, cor Government Other(plean	submitted submitted and ental Entity ase explain	with this application? attach FCC Form 159. If Noncommercial edu :	No, indicate reason		on (see 47 C.F.R.Se	ection 1.1114).
4b. Fee Classi	fication C	CGX – Fixed Satellite Tran	smit/Receive Earth S	Station		
5. Type Reque Use Prior		•	Change Station Lo	cation	O Other	r
6. Requested U 10/11/20		ate				
7. CityDumas				8. Latitude (dd mm ss.s h) 35 48 29.7 N		

9. State TX	10. Longitude						
	(dd mm ss.s h) 102 1 54.7 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.							
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.							
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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