APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA Request for Molokai, HI

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				
Name:	SpaceX Services, Inc.	Phone Number:	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:		Relationship:		
application. Please ent			e file number or the IB Submission ID of the related	
	ed with this application? nd attach FCC Form 159. If No.	o, indicate reason for fee exemptio	on (see 47 C.F.R.Section 1.1114).	
_	tity Noncommercial educa		(
Other(please expla				
4b. Fee Classification	CGX – Fixed Satellite Transm	it/Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 11/06/2021	r Date			
7. CityMolokai		8. Latitude (dd mm ss.s h)	21 6 33.6 N	

	T				
9. State HI	10. Longitude				
	(dd mm ss.s h) 157 3 50.2 W				
11. Please supply any need attachments.					
Attachment 1: STA Request Molokai 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					
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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