

\* Indicates required  
FCC 312

**FEDERAL COMMUNICATIONS COMMISSION**  
**APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY**  
FOR OFFICIAL USE ONLY

Not Yet Approved by OMB  
Estimated Time Per Response: 0.5-80 hrs  
April 2024  
OMB Control Number 3060-0678

Save as Draft

Review to Submit

See Instructions [↗](#) [Print Form](#) [↗](#)

**1. Applicant Information**

\*Enter a description of this application to identify it on the main menu:

\*FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

State

Zip Code/Postal Code

Country

**2. Contact Information**

Check here if same as Licensee

\*FRN

Name

\*Attention

Doing Business As (DBA)

\*Title

Street Address

\*Phone

Street Address 2

Fax

City

\*Email

State

\*Relationship

Zip Code/Postal Code

Country

**STA Information**

3. Related File Number

4. Call Sign

**Application Fees**

\*5. Will a fee be paid?

Yes  No

**Waivers**

\*6. Does the Applicant request a waiver(s) of the Commission's rules?

Yes  No

7. Temporary Orbit Location

10. Requested Extended Expiration Date

30 days  60 days  180 days

9. Description

\*Is the Applicant filing an optional Schedule S with this application?

Yes  No

**Attachments/Confidential Treatment of Attachments**

\*Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?

Yes  No

Attachment No.	File Name	Description of Attachment	Confidential	Action
No Attached Files				
	<input type="button" value="Attach File"/>			

**Certification**

\*16. In submitting this form:

The Applicant certifies that neither it nor any other party to the application is subject to a denial of Federal benefits, including FCC benefits, pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 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. (This certification does not apply to applications filed in services exempted under § 1.2002(c) of the rules, or to Federal, State or local governmental entities or subdivisions thereof. See 47 CFR § 1.2002(c).)

The Applicant certifies that all of its statements made in this Application and in the attachments or documents incorporated by reference are material, are part of this Application, and are true, complete, correct, and made in good faith.

17. Party Authorized to Sign

First Name  MI

Last Name  Suffix

12. Title of Person Signing

Signature  Date

FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL  
OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

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 LICENSE OR CONSTRUCTION PERMIT  
(U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

Required information

Enter a description of this application to identify it on the main menu:  FRN  FRN  Attention  Title  Phone  Email  Relationship  5. Will a fee be paid?  6. Does the Applicant request a waiver(s) of the Commission's rules?

Is the Applicant filing an optional Schedule S with this application?

Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?

16. In submitting this form: