

FEDERAL COMMUNICATIONS COMMISSION
Application for Space Station Special Temporary Authority
FOR OFFICIAL USE ONLY

Save as Draft Delete

See Instructions [Print Form](#)

Review to Submit

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

*5a. If yes, select the appropriate fee code for the application.

Fee Amount

Waivers

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

Yes No

If yes, attach the request with a supporting narrative and documentation.

*6a. Identify the rule section(s) for which a waiver is sought below.

Attach a statement explaining the waiver request and identifying the rule number(s) involved:



7. Temporary Orbit Location

10. Requested Extended Expiration Date

30 days 60 days 180 days

8. City


11. Latitude (dd mm ss.s h)

9. State

12. Longitude (dd mm ss.s h)

13. Description

Attachments/Confidential Treatment of Attachments

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

Yes No

The Applicant must upload a supporting statement for the "confidential treatment request(s)" identifying the applicable rule(s) and providing other supporting materials or information. The Applicant must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section below.

Attachment No.	File Name	Description of Attachment	Confidential	Action
1	(a) Confidential Non-Redacted Version 312 7.22.24.pdf	<input type="text" value="Form Attachment"/>	<input checked="" type="checkbox"/>	<input type="button" value="✕"/>
	(b) Public Redacted Version	<input type="text" value="Upload Public Redacted Filing"/>		<input type="button" value="📎"/>
	(c) Public Version of Confidential Treatment Request and Supporting Statement	<input type="text" value="Upload Public Version of Confidential Treatment Request (with supporting statement, identifying the"/>		<input type="button" value="📎"/>

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	<input type="text"/>	MI	<input type="text"/>
* Last Name	<input type="text"/>	Suffix	<input type="text"/>
* Title	<input type="text"/>		
* Signature	<input type="text"/>		

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	5a. If yes, select the appropriate fee code for the application.	6a. Identify the rule section(s) for which a waiver is sought below.	16. In submitting this form:	First Name	Last Name	Title
Signature													