

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

ICEYE STA Renewal Request

1. Applicant

Name: Haras Development

Phone Number: 800-927-9800

DBA Name:

Fax Number:

Street: 251 Little Falls Dr.

E-Mail: haras.developments@outlook.com

City: Wilmington

State: DE

Country: USA

Zipcode: 19808 -

Attention:

2. Contact			
Name:	A. Chretien	Phone Number:	800-927-9800
Company:		Fax Number:	
Street:	251 Little Falls Dr.	E-Mail:	haras.developments@outlook.com
City:	Wilmington	State:	DE
Country:	USA	Zipcode:	19808 -
Attention:		Relationship:	Other
(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.) 3. Reference File Number SESSTA2023020600137 or Submission ID			
4a. Is a fee submitted with this application? ☒ If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). ☐ Governmental Entity ☐ Noncommercial educational licensee ☐ Other (please explain):			
4b. Fee Classification			
5. Type Request ☐ Use Prior to Grant ☐ Change Station Location ☒ Other			
6. Requested Use Prior Date			

7. CityDublin	8. Latitude (dd mm ss.s h) 40 6 1.91 N
9. State OH	10. Longitude (dd mm ss.s h) 83 11 51.18 W
11. Please supply any need attachments. Attachment 1: 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.) Per FCC Rule 1.62, applicant will continue to operate under the terms and conditions of its existing STA pending action on this timely filed renewal. See File No. SES–STA–20230206–00137.	
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. ☒ Yes ☐ No	
14. Name of Person Signing A. Chretien	15. Title of Person Signing Sr. Program Manager
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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