Approved by OMB 3060-0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: SPOT 2 De-orbit July 2009

1. Applicant

Name:

Universal Space Network, Inc.

Phone Number:

215-328-9130

DBA Name:

Fax Number:

215-328-9132

Street:

417 Caredean Drive

E-Mail:

jswank@uspacenet.com

Suite A

City:

Horsham

State:

PA

Country:

USA

Zipcode:

19044

Attention:

Joanne Swank

Condition Attached

File # 5

1/10/10

(or other identifier)

Term Dates / /

GRANTED
International Bureau

pproved Jalnette D. Spring

Attachment

SES-STA-20090603-00680

Universal Space Network, Inc.'s application for Special Temporary Authority is GRANTED WITH CONDITIONS beginning July 10, 2009 and ending August 8, 2009.

- All operations shall be on an unprotected, non-interference basis to both frequency band (Earth-to-space) shall be conducted in accordance with footnote government and non-government operations. Operations in the 2025-2110 MHz US347 of the U.S. Table of Frequency Allocations, 47 C.F.R. § 2.106.
- 2 orbit lowering and decommissioning of the Spot-2 spacecraft. All operations shall be limited to telemetry, tracking, and control (TT&C) during
- ω 5526) and the FCC (Kathyrn.Medley@fcc.gov, 202-418-1211 or lowering and decommissioning if the planned operations are delayed beyond July Frank.Peace@fcc.gov, 202-418-0730) at least 24 hours prior to the planned orbit Universal Space Network will inform NTIA (edavison@nita.doc.gov, 202-482-
- 4. Pointsof Contact for operations are 949-863-1848 (California Network Management Center) and 215-394-0155 (Pennsylvania Network Operations Center), which must be available on a 24/7 basis while the frequencies are in use.



2. Contact				
Name:	Joanne Greet Swank	Phone Number:	215-394-0127	
Comp:	any: Universal Space Netwo	ork, Inc. Fax Number:	215-328-9132	
Street:	417 Caredean Drive	E-Mail:	jswank@uspacenet.com	
	Suite A			
City:	Horsham	State:	PA	
Count	ry: USA	Zipcode:	19044 –	
Attent	ion: Joanne Greet Swank	Relationship:	Same	
44 C				
application. Please 3. Reference File 4a. Is a fee sub If Yes, complete Governmental Other(please of	e enter only one.) Number or Submission ID mitted with this application? ete and attach FCC Form 159. Entity Noncommercial e	If No, indicate reason for fee exempteducational licensee	the file number or the IB Submission ID of the related ion (see 47 C.F.R.Section 1.1114).	
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use 07/01/2009	Prior Date			
7. CityNorth Pole		8. Latitude (dd mm ss.s h)	8. Latitude (dd mm ss.s h) 64 48 15.3 N	

9. State AK	10. Longitude (dd mm ss.s h) 147 30 0.8 W			
11. Please supply any need attachments.				
Attachment 1: FCC 312 Attachment 2: coordinate	ation report Attachment 3: Waiver and Analysis			
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.)				
Spot-2 de-orbit activities to start approxima	tely July 1, 2009			
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 Joanne Greet Swank	15. Title of Person Signing Manager Compliance & Contracts			
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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