

Approved by OMB  
3060-0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Sirius FM 5 IOT Support

1. Applicant

<b>Name:</b>	Universal Space Network, Inc.	<b>Phone Number:</b>	215-328-9130
<b>DBA Name:</b>		<b>Fax Number:</b>	215-328-9132
<b>Street:</b>	417 Caredean Drive Suite A	<b>E-Mail:</b>	jswank@uspacenet.com
<b>City:</b>	Horsham	<b>State:</b>	PA
<b>Country:</b>	USA	<b>Zipcode:</b>	19044 -
<b>Attention:</b>	Joanne Swank		



*With Condition*

File # SES-STA-20090603-00682

Call Sign \_\_\_\_\_ Grant Date 7/11/09  
(or other identifier)

From 7/13/09 Term Dates To: 8/12/09

Approved: Kathryn Medley  
*Chief, Satellite Engg Branch*

Attachment

SES-STA-20090603-00682

Universal Space Network, Inc.'s application for Special Temporary Authority is GRANTED WITH CONDITIONS for a period of 30 days, beginning July 13, 2009 and ending August 12, 2009. All operations shall be on an unprotected, non-interference basis to both government and non-government operations.

*With Condition*

File # SES-STA-20090603-00682

Call Sign \_\_\_\_\_ Grant Date 7/1/09  
(or other identifier)

Term Dates  
From 7/13/09 To: 8/12/09

Approved: *Kelly Mae*  
Chief, Satellite Ops Br.



<b>2. Contact</b>	
<b>Name:</b> Universal Space Network, Inc.	<b>Phone Number:</b> 215-328-9130
<b>Company:</b>	<b>Fax Number:</b> 215-328-9132
<b>Street:</b> 417 Caredean Drive Suite A	<b>E-Mail:</b> jswank@uspacenet.com
<b>City:</b> Horsham	<b>State:</b> PA
<b>Country:</b> USA	<b>Zipcode:</b> 19044 -
<b>Attention:</b>	<b>Relationship:</b>
(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 or Submission ID	
4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other (please explain):	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 07/11/2009	
7. City Naalehu	8. Latitude (dd mm ss.s h) 19 0 49.6 N

9. State HI	10. Longitude (dd mm ss.s h) 155 39 46.6 W
11. Please supply any need attachments. Attachment 1: FCC 312 Schedule A          Attachment 2: FCC 312 Schedule B          Attachment 3: Coordination Report	
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.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">In-orbit Test activities of the Sirius FM-5 spacecraft. To occur 12 days after launch for 30 days. Launch currently scheduled for June 30, 2009</div>	
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. <span style="float: right;"><input checked="" type="radio"/> Yes      <input type="radio"/> No</span>	
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).	

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0678.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

**FEDERAL COMMUNICATIONS COMMISSION**  
**APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS**  
**Technical and Operational Description)**

(Place an "X" in one of the blocks below)

License of New Station  
  Registration of new Domestic Receive-Only Station  
  Amendment to a Pending Application  
  Modification of License/Registration  
  Notification of Minor Modification

**B1. Location of Earth Station Site.** If temporary-fixed, mobile, or VSAT remote facility, specify area of operation and point of contact. If VSAT hub station, give its location. For VSAT networks attach individual Schedule B, Page 1 sheets for each hub station and each remote station. Individually provide the Location, Points of Communications, and Destination Points for each hub and remote station.

B1a. Station Call Sign <b>USH101</b>		B1b. Site identifier (HUB, REMOTE1, etc.)		B1c. Telephone Number <b>(808) 929-8069</b>		B1j. Geographic Coordinates N/S, Deg. - Min. - Sec. - E/W Lat. <u>19°</u> <u>00'</u> <u>50.3"</u> N Lon. <u>155°</u> <u>39'</u> <u>46.6"</u> W		B1k. Lat./Lon. Coordinates are: <input type="checkbox"/> NAD-27 <input checked="" type="checkbox"/> NAD-83		
B1d. Mailing Street Address of Station or Area of Operation <b>93-1704 South Point Road</b>				B1e. Name of Contact Person <b>Joanne Greet-Swank</b>				B1l. Site Elevation (AMSL) <b>378.0</b> meters		
B1f. City <b>Naalehu</b>	B1g. County <b>Ka'u</b>	B1h. State <b>HI</b>	B1i. Zip Code <b>96772-0842</b>							

**B2. Points of Communications:** List the names and orbit locations of all satellites with which this earth station will communicate. The entry "ALSAT" is sufficient to identify the names and locations of all satellite facilities licensed by the U.S. All non-U.S. licensed satellites must be listed individually.

Satellite Name and Orbit Location	Satellite Name and Orbit Location	Satellite Name and Orbit Location
Sirius FM-5 GTO and parking at 96° WL		

**B3. Destination points for communications using non-U.S. licensed satellites.** For each non-U.S. licensed satellite facility identified in section B2 above, specify the destination point(s) (countries) where the services will be provided by this earth station via each non-U.S. license satellite system. Use additional sheets as needed.

Satellite Name	List of Destination Points
Sirius FM-5	









**FEDERAL COMMUNICATIONS COMMISSION  
APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS  
FCC Form 312 - Schedule B: (Technical and Operational Description)**

If VSAT Network, provide the SITE-ID (Item B1b) of the station that B8-B13 are in response to (HUB, REMOTE1, etc.): \_\_\_\_\_

B8. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with <b>geostationary</b> satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurements? If NO, provide as an exhibit, a technical analysis showing compliance with two-degree spacing policy.	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>												
B9. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with <b>non-geostationary</b> satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurement?	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>												
B10. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>												
<b>Remote Control Point Location:</b>														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">                     B10a. Street Address                      417 Caredean Drive Suite A                 </td> </tr> <tr> <td style="width:33%; padding: 2px;">                     B10b. City                      Horsham                 </td> <td style="width:20%; padding: 2px;">                     B10c. County                      Montgomery                 </td> <td style="width:20%; padding: 2px;">                     B10.d. State/Country                      PA                 </td> <td style="width:27%; padding: 2px;">                     B10e. Zip Code                      19044                 </td> </tr> <tr> <td style="padding: 2px;">                     B10f. Telephone Number                      215-328-9130                 </td> <td colspan="3" style="padding: 2px;">                     B10g. Call Sign of Control Station (if appropriate)                 </td> </tr> </table>			B10a. Street Address 417 Caredean Drive Suite A				B10b. City Horsham	B10c. County Montgomery	B10.d. State/Country PA	B10e. Zip Code 19044	B10f. Telephone Number 215-328-9130	B10g. Call Sign of Control Station (if appropriate)		
B10a. Street Address 417 Caredean Drive Suite A														
B10b. City Horsham	B10c. County Montgomery	B10.d. State/Country PA	B10e. Zip Code 19044											
B10f. Telephone Number 215-328-9130	B10g. Call Sign of Control Station (if appropriate)													
B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit.	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>												
B12. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as an exhibit.	<input type="checkbox"/> <b>YES</b>	<input checked="" type="checkbox"/> <b>NO</b>												
B13. <b>FAA Notification - (See 47 CFT Part 17 and 47 CFT Part 25.113(c))</b> <b>Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and/or the FAA's study regarding the potential hazard of the structure to aviation?</b>	<input type="checkbox"/> <b>YES</b>	<input checked="" type="checkbox"/> <b>NO</b>												
<b>FAILURE TO COMPLY WITH 47 CFT PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION</b>														

**FCC 312**

Main Form

**FEDERAL COMMUNICATIONS COMMISSION****APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS**Approved by OMB  
3165-0078Est. Avg. Burden Hours  
Per Response: 11 Hrs.

FCC Use Only

File Number:

Call Sign:

Fee Number:

**APPLICANT INFORMATION**

1. Legal Name of Applicant Universal Space Network, Inc.		2. Voice Telephone Number (949) 476 - 3432	
3. Other Name Used for Doing Business (if any)		4. Fax Telephone Number (949) 851 - 9485	
5. Mailing Street Address or P.O. Box  1501 Quail Street, Suite 102		6. City  Newport Beach	
ATTENTION: JOANNE GREET-SWANK (215) 328-9130		7. State/Country (if not U.S.A.) California	8. Zip Code 92660
9. Name of Contact Representative (If other than applicant)		10. Voice Telephone Number	
11. Firm or Company Name		12. Fax Telephone Number	
13. Mailing Street Address or P.O. Box		14. City	
ATTENTION:		15. State/Country (if not U.S.A.)	16. Zip Code

**CLASSIFICATION OF FILING**

17. Place an "X" in the box next to the classification that applied to this filing for both questions a. and b. Mark only one box for 17a and only one box for 17b.		
<input checked="" type="checkbox"/> a1. Earth Station	<input type="checkbox"/> b1. Application for License of New Station	<input type="checkbox"/> b6. Transfer of Control of License or Registration
<input type="checkbox"/> a2. Space Station	<input type="checkbox"/> b2. Application for Registration of New Domestic Receive-Only Station	<input type="checkbox"/> b7. Notification of Minor Modification
	<input type="checkbox"/> b3. Amendment to a Pending Application	<input type="checkbox"/> b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite
	<input type="checkbox"/> b4. Modification of License or Registration	<input type="checkbox"/> b9. Letter of Intent to Use Non-U.S. Licensed Satellite to provide Service in the United States
	<input type="checkbox"/> b5. Assignment of License or Registration	<input checked="" type="checkbox"/> b10. Other (Please Specify): <u>Application to Request STA</u>
18. If this filing is in reference to an existing station, enter: Call sign of station:		19. If this filing is an amendment to a pending application enter (a) Date pending application was filed: (b) File number of pending application:

### TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Place an "X" in the box(es) next to all that apply.

- a. Fixed Satellite       c. Radiodetermination Satellite       e. Direct to Home Fixed Satellite  
 b. Mobile Satellite       d. Earth Exploration Satellite       f. Digital Audio Radio Service       g. Other (Please Specify) In-orbit test Support (IOT)

21. STATUS:

- a. Common Carrier       b. Non-Common Carrier

22. If earth station applicant, place an "X" in the box(es) next to all that apply.

- a. Using U.S. licensed satellites       b. Using Non-U.S. licensed satellites

23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Mark only one box. Are these facilities:

- a. Connected to the Public Switched Network       b. Not connected the Public Switched Network      N/A

24. FREQUENCY BAND(S): Place and "X" in the box(es) next to all applicable frequency band(s).

- a. C-Band (4/6 GHz)  
 b. Ku-Band (12/14 GHz)       c. Other (please specify) S-Band and Extended C-band (7 GHz)

### TYPE OF STATION

25. CLASS OF STATION: Place an "X" in the box next to the class of station that applies. Mark only one box.

- a. Fixed Earth Station       b. Temporary-Fixed Earth Station       c. 12/14 GHz VSAT Network       d. Mobile Earth Station       e. Space Station       f. Other (Specify) \_\_\_\_\_

If space station applicant, go to Question 27.

26. TYPE OF EARTH STATION FACILITY Mark only one box.

- a. Transmit/Receive       b. Transmit-Only       c. Receive-Only

### PURPOSE OF MODIFICATION OR AMENDMENT

27. The purpose of this proposed modification or amendment is to: Place and "X" in the box(es) next to all that apply.

- a – authorization to add new emission designator and related service  
 b – authorization to change emission designator and related service  
 c – authorization to increase EIRP and EIRP density  
 d – authorization to replace antenna  
 e – authorization to add antenna  
 f – authorization to relocate fixed station  
 g – authorization to change assigned frequency(ies)  
 h – authorization to add Points of Communication (satellites & countries)  
 i – authorization to change Points of Communication (satellites & countries)  
 j – authorization for facilities for which environmental assessment and radiation hazard reporting is required  
 k – Other (Please Specify)

### ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307?

If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.1308 and 1.1311, as an exhibit to this application.

YES       NO

A Radiation Hazard Study must accompany all applications as an exhibit for new transmitting facilities, major modifications, or amendments. Refer to OET Bulletin 65.

### ALIEN OWNERSHIP

29. Is the applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
30. Is the applicant an alien or the representative of an alien?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. Is the applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit, the identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.		

### BASIC QUALIFICATIONS

35. Does the applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exception with supporting documents.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
36. Has the applicant or any party to this application had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
37. Has the applicant, or any party to this application, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal Court? If Yes, attach as an exhibit, an explanation of the circumstances	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radios apparatus, exclusive traffic arrangement or any other mean or unfair method of competition? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, addresses, and citizenship of those stockholders owing of record and/ or voting 10 percent or more of the Filer's voting stock and the percentages so help. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directions of the Filer.		
41. By checking Yes, the undersigned certifies, that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 or 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.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
42a. Does the applicant intend to use a non-U.S. Licensed satellite to provide service in the United States? If yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R § 25.137, as appropriate. If no, proceed to question 43.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station? _____		

43. Description. (Summarize the nature of the application and the services to be provided).

USN's ground station in Hawaii shall be used to assist Space Systems Loral and Sirius XM Radio during the launch and early orbit phase (LEOP) of the Sirius FM-5 spacecraft. Communications shall consist of telemetry, telecommand, data delivery, and control of the satellite. LEOP shall consist of a period no longer than Launch +12 days. The launch is scheduled for June 30, 2009.

Exhibit No.	Identify all exhibits that are attached to this application.
A	Frequency Coordination Report

**CERTIFICATION**

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Place an "X" in the box next to applicable response.)

- a. Individual   
 b. Unincorporated Association   
 c. Partnership   
 d. Corporation   
 e. Governmental Entity   
 e. Other  
(Please specify) \_\_\_\_\_

45. Typed Name of Person Signing  
Joanne Greet-Swank

46. Title of Person Signing  
Manager, Compliance

47. Signature

48. Date  
27 May 2009

**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).**