## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Satcom BW2 Hawaii

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

2. Contact				
Name:	Universal Space Network, Inc.	Phone Number:	215–328–9130	
Company:		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:		Relationship:		
(If your application is reapplication. Please enter 3. Reference File Number 1988)	r only one.)	e Commission, enter either th	ne file number or the IB Submission ID of the related	
1	d with this application?			
' <del></del> '	d attach FCC Form 159. If No, in		on (see 47 C.F.R.Section 1.1114).	
<del>"=</del> "	Noncommercial education	al licensee		
Other(please explai	n):			
4b. Fee Classification	CGX – Fixed Satellite Transmit/Re	eceive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 05/20/2010	Date			
7. CityNaalehu		8. Latitude (dd mm ss.s h)	19 0 50.3 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 Attachment 2: Coordin	ation Study Attachment 3: Waiver–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.)				
STA request for Satcom BW2 support from Hawaii. Current launch date of May 21, 2010.  Support is required for launch + 3 days. Requesting a 30 days STA to support launch slips				
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			
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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