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: GIOVE-B Ranging Support June 2011

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

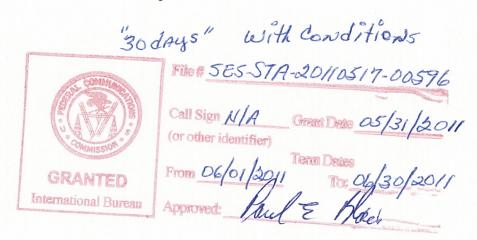


with conditions

## Conditions of grant of SES-STA-20110517-00596

Universal Space Network Inc. is granted authorization operated the earth station identified in this application on transmit frequency 2048.877 MHz and receive frequency 2225.025 MHz. to a French satellite GIOVE-B operated by CNES from 1 June 2011 to 30 June 2011 on the following conditions:

- 1. All operations shall be on an unprotected, non-interference basis to both government and non-government operations.
- 2. In the event of any harmful interference, cease operations immediately and inform the Commission, in writing, immediately.
- 3. All operations shall be limited to telemetry, tracking, and control (TT&C)
- 4. Universal Space Network will inform NTIA (Skotler@ntia.doc.gov, 202-482-7983) and the FCC (Paul.Blais@ 202-418-7274) at least 24 hours prior to the if planned operations are delayed
- 5. The Universal Space Network Point of Contact for Operation is 215-394-0155 and must be available while the frequencies are in use.



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 related to an application application. Please enter only one.) 3. Reference File Number or Submission ID	lated to an application filed with the only one.) ser or Submission ID	Commission, enter either the file	(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  If Yes, complete and	4a. Is a fee submitted with this application? If Yes, complete and attach FCC Form 159. If No, ind	If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	e 47 C.F.R.Section 1.1114).
<ul><li>Governmental Entity</li><li>Other(please explain):</li></ul>	y • Noncommercial educational licensee n):	licensee	
4b. Fee Classification	CGX - Fixed Satellite Transmit/Receive Earth Station	ceive Earth Station	
5. Type Request			
Use Prior to Grant	O Chango	Change Station Location	O Other
6. Requested Use Prior Date 05/27/2011	Date		
7. CityNaalehu		8. Latitude (dd mm ss.s h) 19	0 50.3 N

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.  15. Title of Person Signing  Manager, Compliance	WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE (U.S. Code. Title 18. Section 1001). AND/OR REVOCATION OF ANY STATION
ication is  mti-Drug Act ed substance.	14. Name of Person Signing Joanne Greet
	13. By checking Yes, the undersigned subject to a denial of Federal benefits of 1988, 21 U.S.C. Section 862, because 47 CFR 1.2002(b) for the meaning
Continuation of ranging campaign of the GIOVE-B spacecraft. Previous STA approval SES-STA-2011-329-00377. Support to start 6/1/11.	Continuation of ranging STA-2011-329-00377. St
(If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)	12. Description. (If the complete des
d attachments. Main Form Attachment 2: FCC 312 Sch B form Attachment 3: Waiver request	11. Please supply any need attachments Attachment 1: FCC 312 Main Form
10. Longitude (dd mm ss.s h) 155 39 46.6 W	9. State HI

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