

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Metop-B LEOP HI May 23 2012

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<br>Suite A | <b>E-Mail:</b>       | jpgreet@uspacenet.com |
| <b>City:</b>      | Horsham                       | <b>State:</b>        | PA                    |
| <b>Country:</b>   | USA                           | <b>Zipcode:</b>      | 19044 -               |
| <b>Attention:</b> | Joanne Greet                  |                      |                       |

*"with conditions"*



File # SES-STA-20120418-00402

Call Sign N/A Grant Date 9/11/2012  
(or other identifier)

Term Dates  
From 9/17/2012 To: 10/16/2012

Approved: Paul E. Glad

**Conditions of grant of SES-STA-20120418-00402**

Universal Space Network Inc. is granted authorization operated the earth station identified in this application on transmit frequency 2053.4583 MHz and receive frequency 2230.0 MHz. to METOP-B 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.

*"with conditions"*



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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                          |                                           |
| <b>Name:</b> Universal Space Network, Inc.                                                                                                                                                                                                                                                                 | <b>Phone Number:</b> 215-394-0127         |
| <b>Company:</b>                                                                                                                                                                                                                                                                                            | <b>Fax Number:</b> 215-328-9132           |
| <b>Street:</b> 417 Caredean Drive<br>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 Greet                                                                                                                                                                                                                                                                             | <b>Relationship:</b> Same                 |
| (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).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><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<br>05/18/2012                                                                                                                                                                                                                                                                  |                                           |
| 7. City Naalehu                                                                                                                                                                                                                                                                                            | 8. Latitude<br>(dd mm ss.s h) 19 0 50.3 N |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 9. State HI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10. Longitude<br>(dd mm ss.s h) 155 39 46.6 W                  |
| 11. Please supply any need attachments.<br>Attachment 1: FCC Form 312                      Attachment 2: Coordination Report                      Attachment 3: Waiver request                                                                                                                                                                                                                                                                                                                                                                   |                                                                |
| 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.)<br><div style="border: 1px solid black; padding: 5px; margin: 5px 0;">LEOP support from USN's Hawaii ground station for the Metop-B spacecraft. Launch scheduled for May 23, 2012. Request approval by May 18, 2012</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<br>Joanne Greet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15. Title of Person Signing<br>Manager, Contracts & Compliance |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).                                                                                                                                                                                                                                                                |                                                                |

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