

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Pleiades IB Alaska STA

I. 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>	jgreet@uspacenet.com
<b>City:</b>	Horsham	<b>State:</b>	PA
<b>Country:</b>	USA	<b>Zipcode:</b>	19044
<b>Attention:</b>	Joanne Greet		



File # SES-STA-20121105-00991  
Call Sign Grant Date 11-28-12  
(or other identifier)  
From Term Dates To: 11-28-12  
Approved: Paul E. Greet

Applicant: Universal Space Network, Inc.  
File No.: SES-STA-20121105-00991  
No Call Sign  
Special Temporary Authority (STA)

Conditions:

Universal Space Network Inc. (USN) is granted STA for a 30-day period. The STA is for operating the earth station identified in this application on transmit frequency 2089.555 MHz and receive frequency 2269.200 MHz to conduct Launch and Early Orbit (LEOP) with TT&C and data delivery of NGSO satellite PLEIADES-1B from North Pole Alaska using USN's ground station to assist the European Space Agency (EAS) and Swedish Space Corporation (SSC) for the S-band 2 GHz operation 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 as a result of operations under this grant of STA, USN shall cease operations immediately upon notification of such interference and shall immediately inform the Commission, in writing, of such an event.
3. Operations will be limited to the transmit maximum eirp level 68 dBW and maximum eirp density level 54.9 dBW/4kHz with emission designator 80K0G2D and receive with emission designator 236K0G2D.
4. Any action taken or expense incurred as a result of operations pursuant to this STA is solely at USN's own risk.
5. USN 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 planned operations if delayed beyond the requested beginning date of November 28, 2012.
6. USN Point of Contact for Operation is Joanne Greet 215-328-9130 or 907-490-3064 and must be available while the frequencies are in use.



File # SES-STA-20121105-00991  
Call Sign \_\_\_\_\_ Grant Date 11-28-12  
(or other identifier)  
Term Dates  
From 11-28-12 To: 12-28-12  
Approved: Paul E. Blais

<b>2. Contact</b>	
<b>Name:</b>	Universal Space Network, Inc. <b>Phone Number:</b> 215-328-9130
<b>Company:</b>	215-328-9132
<b>Street:</b>	417 Caredean Drive <b>Fax Number:</b> 215-328-9132
	Suite A <b>E-Mail:</b> jgreet@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	
11/28/2012	
7. City North Pole	
8. Latitude	
(dd mm ss.s h)    64 48 15.0 N	

9. State AK	10. Longitude (dd mm ss.s h) 147 30 0.8 W
11. Please supply any need attachments. Attachment 1: Form 312 Attachment 2: coordination study Attachment 3:	
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.) Pleaides 1-B LEOP support from North Pole Alaska. Launch is currently scheduled for Dec 1, 2012. Request 30 days of approval	
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. Yes <input checked="" type="radio"/> No <input type="radio"/>	
14. Name of Person Signing Joanne Greet	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).	

**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](mailto: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.**

19700 Janelia Farm Boulevard  
Ashburn, VA 20147  
(703) 726-5500



Fax (703) 726-5600 **COMSEARCH®**  
<http://www.comsearch.com>

October 29, 2012

\*\*\*\*\*  
\*\*\* CLIENT COPY \*\*\*  
\*\*\* PLEASE MAIL \*\*\*  
\*\*\* TO CUSTOMER \*\*\*

Re: Universal Space Network, Inc.  
North Pole, Alaska  
2 GHz Band Transmit/Receive Earth Station  
Job Number: 121029COMSJC06

\*\*\*\*\* EXPEDITED FREQUENCY COORDINATION \*\*\*\*\*  
\*\*\*\*\* RESPONSE REQUESTED BY NOVEMBER 7, 2012 \*\*\*\*\*

Dear Frequency Coordinator:

This notice is being provided in accordance with Section 25.203(c) of the FCC Rules and Regulations. We are forwarding the attached expedited coordination data on behalf of Universal Space Network, Inc. for the purpose of obtaining a STA to provide support services during the launch and early orbit testing of a new satellite from their existing transmit/receive earth station in North Pole, Alaska.

The coordination notice is being circulated to the owners (or their protection agents) of all existing or proposed terrestrial facilities operating in a shared frequency band within the coordination contours of the station(s).

Please update your database with the attached information.

We respectfully request that you examine this data for its interference potential with your system(s). In the event that your analysis identifies potential interference cases that have not been resolved, please contact Comsearch by November 7, 2012.

If there are any questions concerning this coordination notice, please contact Comsearch.

Sincerely,

COMSEARCH

Jeffrey E. Cowles  
Engineer III, Telecommunications  
[jcowles@comsearch.com](mailto:jcowles@comsearch.com)

Enclosure(s)

**COMSEARCH****Earth Station Data Sheet**

19700 Janelia Farm Boulevard, Ashburn, VA 20147  
(703)726-5660 <http://www.comsearch.com>

Date: 10/29/2012  
Job Number: 121029COMSJC06

**Administrative Information**

Status ENGINEER PROPOSAL  
Call Sign NORTH PO  
Licensee Code UNSPNE  
Licensee Name Universal Space Network, Inc.

**Site Information NORTH POLE, ALASKA**

Venue Name  
Latitude (NAD 83) 64° 48' 15.3" N  
Longitude (NAD 83) 147° 30' 0.8" W  
Climate Zone A  
Rain Zone 2  
Ground Elevation (AMSL) 140.66 m / 461.5 ft

**Link Information**

Satellite Type Low Earth Orbit  
Mode TR - Transmit-Receive  
Modulation Digital  
Minimum Elevation Angle 5.0°  
Azimuth Range 0.0° to 360°  
Antenna Centerline (AGL) 8.54 m / 28.0 ft

**Antenna Information**

		Receive		Transmit	
Manufacturer		Datron		Datron	
Model		1453		1453	
Gain / Diameter		46.9 dBi / 13.0 m		45.9 dBi / 13.0 m	
3-dB / 15-dB Beamwidth		0.78° / 1.46°		0.76° / 1.46°	
Max Available RF Power	(dBW/4 kHz)			9.1	
	(dBW/MHz)			33.1	
Maximum EIRP	(dBW/4 kHz)			55.0	
	(dBW/MHz)			79.0	
	(dBW)			68.0	
Interference Objectives:	Long Term	-156.0 dBW/MHz	20%	-154.0 dBW/4 kHz	20%
	Short Term	-146.0 dBW/MHz	0.01%	-131.0 dBW/4 kHz	0.0025%

**Frequency Information**

	Receive 2.2 GHz	Transmit 2.0 GHz
Emission / Frequency Range (MHz)	236KG2D / 2269.2000	80K0G2D / 2089.555
Max Great Circle Coordination Distance	559.9 km / 347.9 mi	476.4 km / 296.0 mi
Precipitation Scatter Contour Radius	100.0 km / 62.1 mi	263.4 km / 163.7 mi

**COMSEARCH****Earth Station Data Sheet**

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<b>Coordination Values</b>		<b>NORTH POLE, AK</b>			
Licensee Name	Universal Space Network, Inc.				
Latitude (NAD 83)	64° 48' 15.3" N				
Longitude (NAD 83)	147° 30' 0.8" W				
Ground Elevation (AMSL)	140.66 m / 461.5 ft				
Antenna Centerline (AGL)	8.54 m / 28.0 ft				
Antenna Model	Datron 1453				
Antenna Mode	Receive 2.2 GHz		Transmit 2.0 GHz		
Interference Objectives: Long Term	-156.0 dBW/MHz	20%	-154.0 dBW/4 kHz	20%	
Short Term	-146.0 dBW/MHz	0.01%	-131.0 dBW/4 kHz	0.0025%	
Max Available RF Power				9.1 (dBW/4 kHz)	

Azimuth (°)	Horizon Elevation (°)	Antenna Discrimination (°)	Receive 2.2 GHz		Transmit 2.0 GHz	
			Horizon Gain (dBi)	Coordination Distance (km)	Horizon Gain (dBi)	Coordination Distance (km)
0	0.85	5.00	4.50	436.30	4.50	340.80
5	1.20	5.00	4.50	414.80	4.50	317.10
10	1.19	5.00	4.50	415.30	4.50	317.70
15	1.02	5.00	4.50	425.10	4.50	328.60
20	0.94	5.00	4.50	430.20	4.50	331.10
25	0.76	5.00	4.50	422.90	4.50	348.10
30	0.75	5.00	4.50	443.60	4.50	348.90
35	0.48	5.00	4.50	467.90	4.50	375.60
40	0.32	5.00	4.50	487.20	4.50	396.90
45	0.00	5.00	4.50	559.90	4.50	476.40
50	0.00	5.00	4.50	559.90	4.50	476.40
55	0.00	5.00	4.50	559.90	4.50	476.40
60	0.00	5.00	4.50	559.90	4.50	476.40
65	0.00	5.00	4.50	559.90	4.50	476.40
70	0.00	5.00	4.50	559.90	4.50	476.40
75	0.00	5.00	4.50	559.90	4.50	476.40
80	0.00	5.00	4.50	559.90	4.50	476.40
85	0.00	5.00	4.50	559.90	4.50	476.40
90	0.00	5.00	4.50	559.90	4.50	476.40
95	0.00	5.00	4.50	559.90	4.50	476.40
100	0.00	5.00	4.50	559.90	4.50	476.40
105	0.00	5.00	4.50	559.90	4.50	476.40
110	0.00	5.00	4.50	559.90	4.50	476.40
115	0.00	5.00	4.50	559.90	4.50	476.40
120	0.00	5.00	4.50	559.90	4.50	476.40
125	0.00	5.00	4.50	559.90	4.50	476.40
130	0.00	5.00	4.50	559.90	4.50	476.40
135	0.00	5.00	4.50	559.90	4.50	476.40
140	0.00	5.00	4.50	559.90	4.50	476.40
145	0.00	5.00	4.50	559.90	4.50	476.40
150	0.00	5.00	4.50	559.90	4.50	476.40
155	0.00	5.00	4.50	559.90	4.50	476.40
160	0.00	5.00	4.50	559.90	4.50	476.40
165	0.00	5.00	4.50	559.90	4.50	476.40
170	0.00	5.00	4.50	559.90	4.50	476.40
175	0.00	5.00	4.50	559.90	4.50	476.40
180	0.00	5.00	4.50	559.90	4.50	476.40
185	0.00	5.00	4.50	559.90	4.50	476.40



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Antenna Centerline (AGL)		8.54 m / 28.0 ft			
Antenna Model		Datron 1453			
Antenna Mode		Receive 2.2 GHz		Transmit 2.0 GHz	
Interference Objectives: Long Term		-156.0 dBW/MHz	20%	-154.0 dBW/4 kHz	20%
Short Term		-146.0 dBW/MHz	0.01%	-131.0 dBW/4 kHz	0.0025%
Max Available RF Power				9.1 (dBW/4 kHz)	

Azimuth (°)	Horizon Elevation (°)	Antenna Discrimination (°)	Receive 2.2 GHz		Transmit 2.0 GHz	
			Horizon Gain (dBi)	Coordination Distance (km)	Horizon Gain (dBi)	Coordination Distance (km)
190	0.00	5.00	4.50	559.90	4.50	476.40
200	0.00	5.00	4.50	559.90	4.50	476.40
205	0.00	5.00	4.50	559.90	4.50	476.40
210	0.00	5.00	4.50	559.90	4.50	476.40
215	0.00	5.00	4.50	559.90	4.50	476.40
220	0.00	5.00	4.50	559.90	4.50	476.40
225	0.00	5.00	4.50	559.90	4.50	476.40
230	0.00	5.00	4.50	559.90	4.50	476.40
235	0.00	5.00	4.50	559.90	4.50	476.40
240	0.00	5.00	4.50	559.90	4.50	476.40
245	0.00	5.00	4.50	559.90	4.50	476.40
250	0.00	5.00	4.50	559.90	4.50	476.40
255	0.00	5.00	4.50	559.90	4.50	476.40
260	0.00	5.00	4.50	559.90	4.50	476.40
265	0.00	5.00	4.50	559.90	4.50	476.40
270	0.00	5.00	4.50	559.90	4.50	476.40
275	0.00	5.00	4.50	559.90	4.50	476.40
280	0.00	5.00	4.50	559.90	4.50	476.40
285	0.00	5.00	4.50	559.90	4.50	476.40
290	0.00	5.00	4.50	559.90	4.50	476.40
295	0.00	5.00	4.50	559.90	4.50	476.40
300	0.00	5.00	4.50	559.90	4.50	476.40
305	0.00	5.00	4.50	559.90	4.50	476.40
310	0.35	5.00	4.50	483.20	4.50	392.50
315	0.96	5.00	4.50	428.90	4.50	327.70
320	0.60	5.00	4.50	456.10	4.50	362.70
325	0.80	5.00	4.50	439.90	4.50	344.80
330	0.82	5.00	4.50	438.40	4.50	343.20
335	0.69	5.00	4.50	448.40	4.50	354.20
340	0.94	5.00	4.50	430.20	4.50	334.10
345	1.16	5.00	4.50	417.00	4.50	319.50
350	1.18	5.00	4.50	415.90	4.50	318.30
355	1.23	5.00	4.50	413.10	4.50	315.30

**FCC 312  
Main Form**

Approved by OMB  
3060-0678  
Est. Avg. Burden Hours  
Per Response: 11 Hrs.

FCC Use Only  
File Number:

**FEDERAL COMMUNICATIONS COMMISSION**

**APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS**

Call Sign:

Fee Number:

**APPLICANT INFORMATION**

1. Legal Name of Applicant <b>Universal Space Network, Inc.</b>		2. Voice Telephone Number <b>949-476-3432</b>
3. Other Name Used for Doing Business (if any)		4. Fax Telephone Number <b>949-851-9485</b>
5. Mailing Street Address or P.O. Box <b>1501 Quail Street, Suite 102</b>		6. City <b>Newport Beach</b>
ATTENTION: Joanne Greet 215-328-9130 phone		7. State / Country (if not U.S.A.) <b>CA</b>
9. Name of Contact Representative (if other than applicant)		8. Zip Code <b>92660</b>
11. Firm or Company Name		10. Voice Telephone Number
13. Mailing Street Address or P.O. Box		12. Fax Telephone Number
ATTENTION:		14. City
		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 applies 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"/> a2. Space Station	<input type="checkbox"/> b2. Application for Registration of New Domestic Receive-Only Station
	<input type="checkbox"/> b3. Amendment to a Pending Application
	<input type="checkbox"/> b4. Modification of License or Registration
	<input type="checkbox"/> b5. Assignment of License or Registration
	<input type="checkbox"/> b6. Transfer of Control of License or Registration
	<input type="checkbox"/> b7. Notification of Minor Modification
	<input type="checkbox"/> b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite
	<input type="checkbox"/> b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the United States
	<input checked="" type="checkbox"/> b10. Other (Please Specify): <b>Application to request Special Temporary Authority</b>

18. If this filing is in reference to an existing station, enter:  
Call sign of station: **N/A**

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  
 b. Mobile Satellite  
 c. Radiodetermination Satellite  
 d. Earth Exploration Satellite  
 e. Direct to Home Fixed Satellite  
 f. Digital Audio Radio Service  
 g. Other (please specify) LEOP Support

21. STATUS: Place an "X" in the box next to the applicable status. Mark only one box.

a. Common Carrier  
 b. Non-Common Carrier  
 c. Connected to the Public Switched Network  
 d. Not connected to the Public Switched Network  
 e. Using U.S. licensed satellites  
 f. Using Non-U.S. licensed satellites

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  
 c. Connected to the Public Switched Network  
 d. Not connected to the Public Switched Network

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 to the Public Switched Network

24. FREQUENCY BAND(S): Place an "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

**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 an "X" in the box(es) next to all that apply.

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

**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 major 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 exceptions 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 radio apparatus, exclusive traffic arrangement or any other means or unfair methods 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 owning of record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors 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 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.	<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? <u>International Telecommunication Union</u>		

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

USN ground station shall be used to assist the European Space Agency (ESA) and Swedish Space Corporation (SSC) with the Launch and Early Orbit (LEOP) of the Pleiades-1B spacecraft.

Communications shall consist of telemetry, telecommand, data deliver, and control of the satellite.

Current launch schedule is December 1st, 2012

Exhibit No. Identify all exhibits that are attached to this application.


### 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    f. Other (Please specify)

45. Typed Name of Person Signing

Joanne Greet

46. Title of Person Signing

Manager, Compliance

47. Signature

48. Date

20 September 2012

**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).**

<b>FEDERAL COMMUNICATIONS COMMISSION</b> <b>FCC 312 - Schedule A</b> (Place an "X" in one of the blocks below)		FCC Use Only
<input type="checkbox"/> <b>CONSENT TO TRANSFER OF CONTROL</b> <input type="checkbox"/> <b>CONSENT TO ASSIGNMENT OF LICENSE</b> <input type="checkbox"/> <b>NOTIFICATION OF TRANSFER OF CONTROL</b> <input type="checkbox"/> <b>NOTIFICATION OF ASSIGNMENT</b> <input type="checkbox"/> <b>OF RECEIVE ONLY REGISTRATION</b> <input type="checkbox"/> <b>OF RECEIVE ONLY REGISTRATION</b>		
A1. Name of Licensee or Registrant		A2. Voice Telephone Number
A3. Mailing Street Address or P.O. Box		A4. Fax Telephone Number
ATTENTION:		
A5. City		A6. State / Country (if not U.S.A.)                    A7. Zip Code
A8. List Call Sign(s) of station(s) being assigned or transferred		
A9. No. of station(s) listed		
A10. Name of Transferor/Assignor (if different than licensee or registrant)		
A15. Name of Transferee/Assignee		
A16. Mailing Street Address or P.O. Box		
A12. City		A18. State/Country                    A19. Zip Code
A13. State/Country                    A14. Zip Code		
A20. If these facilities are licensed, is the transferee/assignee directly or indirectly controlled by any other entity? If Yes, attach as an exhibit, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties; and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.		
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>		
A21. If these facilities are licensed, attach as an exhibit, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.		
<b>CERTIFICATION</b>		
1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinent to Schedule A and all statements made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.		
2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.		
A22. Printed Name of Licensee (Must agree with A1)		A23. Signature
A24. Title (Office Held by Person Signing)		A25. Date
A26. Printed Name of License Transferor/Assignor (if different than licensee. Must agree with A10)		A27. Signature
A28. Title (Office Held by Person Signing)		A29. Date
A30. Printed Name of License Transferee/Assignee (Must agree with A15)		A31. Signature
A32. Title (Office Held by Person Signing)		A33. Date

**FCC 312**  
Schedule B

**FEDERAL COMMUNICATIONS COMMISSION**  
**SATELLITE EARTH STATION AUTHORIZATIONS**  
**(Technical and Operational Description)**

**Page 1: Location**

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 USAK01	B1b. Site Identifier (HUB, REMOTE1, etc.) USAK01	B1c. Telephone Number 907-490-3064	B1j. Geographic Coordinates Deg. - Min. - Sec. - E/W Lat. 64 48 15.3 N Lon. 147 30 00.8 W	B1k. Lat./Lon. Coordinates are: <input type="checkbox"/> NAD-27 <input checked="" type="checkbox"/> NAD-83
B1d. Street Address of Station or Area of Operation 1465 Bradway Road		B1e. Name of Contact Person Joanne Greet	B1i. Zip Code 99705	B1l. Site Elevation (AMSL) 149.4 meters
B1f. City North Pole	B1g. County North Star Borough-Fairbanks	B1h. State AK		

**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
PLEIADES-1B	

**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. licensed satellite system. Use additional sheets as needed.

Satellite Name	List of Destination Points
PLEIADES-1B	ESA (Non US spacecraft)









FEDERAL COMMUNICATIONS COMMISSION  
 SATELLITE 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.): N/A -not VSAT network

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 measurements?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
B10. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>Remote Control Point Location:</b>	
B10a. Street Address 417 Caredean Drive, Suite A	
B10b. City Horsham	B10c. County Montgomery
B10f. Telephone Number 215-328-9130	B10d. State / Country PA
	B10e. Zip Code 19044
B10g. Call Sign of Control Station (if appropriate)	
B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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"/> YES <input checked="" type="checkbox"/> NO
B13. FAA Notification - (See 47 CFR Part 17 and 47 CFR Part 25.113(c)) 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>FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO