## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA O3B launch vehicle support

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

2. Contact							
Name:	Universal Space Network, Inc.	Phone Nu	Phone Number:		215-328-9130		
Company:		Fax Num	ber:	215-328	3–9132		
Street:	417 Caredean Drive E–Mail:			jgreet@uspacenet.com			
	Suite A						
City:	Horsham	State:		PA			
Country:	USA	<b>Zipcode:</b> 19044 –		-			
Attention:	Joanne Greet	Relations	hip:				
<ul><li>(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.)</li><li>3. Reference File Number or Submission ID</li></ul>							
<ul> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity O Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>							
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request							
Use Prior to Grant     Change Station Location     Other							
6. Requested Use Prior I 06/20/2013	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: O3B sup	oport 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.)						
<ul> <li>1 support of the launch vehicle from the USN Hawaii Ground Station. Tentative launch date of 6/24/13. This is a receive only support.</li> <li>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.</li> </ul>						
14. Name of Person Signing Joanne Greet	15. Title of Person Signing Manager, Contracts & 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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