

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
O3B VS06

1. Applicant

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

2. Contact

Name:	Joanne Greet	Phone Number:	215-394-0127
Company:	Universal Space Network, Inc.	Fax Number:	215-328-9132
Street:	417 Caredean Drive Suite A	E-Mail:	jgreet@uspacenet.com
City:	Horsham	State:	PA
Country:	USA	Zipcode:	19044 -
Attention:	Joanne Greet	Relationship:	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?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).
 Governmental Entity Noncommercial educational licensee
 Other (please explain):

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 Date
09/25/2013

7. City Naalehu

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: LEOP Analysis Attachment 3: Waiver O3B VS06	
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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Provide launch and early orbit of the O3B-VS06 launch vehicle and spacecraft injection into orbit. Communication shall consist of receive only telemetry, tracking and data deliver from the launch vehicle scheduled for launch on Sept 30, 2013</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
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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