## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter 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	E–Mail:	jgreet@uspacenet.com	
	Suite A			
City:	Horsham	State:	PA	
Country:	USA	Zipcode:	19044 –	
Attention:	Joanne Greet			

#### 2. Contact

Name:	Joanne Greet	Phone Number:	215-394-0127
<b>Company:</b>	Universal Space Network, Inc.	Fax Number:	215-328-9132
Street:	417 Caredean Drive	E–Mail:	jgreet@uspacenet.com
	Suite A		
City:	Horsham	State:	PA
<b>Country:</b>	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).

O Governmental Entity O Noncommercial educational licensee

O Other(please explain):

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

• Use Prior to Grant

Change Station Location

O Other

6. Requested Use Prior Date	
09/25/2013	

7. CityNaalehu

8. Latitude (dd mm ss.s h) 19 0 50.3 N 9. State HI

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.)

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

10. Longitude

(dd mm ss.s h) 155 39 46.6 W

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.

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).



O No

Yes

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