

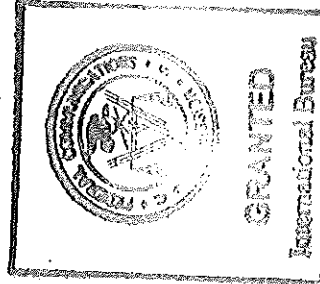
APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Proba-V extension

I. 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:	jpgreet@uspacenet.com
City:	Horsham	State:	PA
Country:	USA	Zipcode:	19044
Attention:	Joanne Greet		

60 days "with conditions"



File # SES-STA-20140618-00532

Call Sign N/A Grant Date 07/16/2014
(for other identifier)

Term Dates
From 07/17/2014 To 09/16/2014

Approved: *[Signature]*

Applicant: Universal Space Network Corporation


Call Sign: None

File No.: SES-STA-20140618-00532

Universal Space Network Corporation (USN) is granted Special Temporary Authority (STA) for 60 days, from July 17, 2014, to operate a fixed earth stations in North Pole, AK to assist the European Space Agency (ESA) and Swedish Space Corporation (SSC) with the in orbit payload validation and commissioning testing of the science instrument on the PROBA-V satellite. Operations with the PROBA-V satellite are limited to the center frequency 8090.0 MHz (space-to-Earth) under the following conditions:

- 1) This ST A is being approved to assist the European Space Agency (ESA) and Swedish Space Corporation (SSC) with the in orbit payload validation and commissioning testing of the science instrument on the PROBA-V spacecraft.
- 2) Operations under this STA shall not cause harmful interference to, and shall not claim protection from, interference caused to it by any other lawfully operating station and it shall cease transmission(s) immediately upon notice of such interference.
- 3) Any action taken or expense incurred as a result of operations pursuant to this STA is solely at USN's risk.
- 4) This action is issued pursuant to Section 0.261 of the Commission's rules on delegated authority, 47 C.F.R. § 0.261, and is effective immediately.

60 days *"with conditions"*

 GRANTED International Bureau	File # <u>SES-STA-20140618-00532</u>
	Call Sign <u>N/A</u> Grant Date <u>07/16/2014</u> (or other Identifier)
	Term Dates From <u>07/17/2014</u> To <u>09/16/2014</u>
	Approved: <u>Paul E. Hain</u>

2. Contact

Name: Universal Space Network, Inc. **Phone Number:** 215-328-9130
Company: **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 **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 SESSTA2013082000751 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
06/30/2014

7. CityNorth Pole 8. Latitude
(dd mm ss.s h) 64 48 15.3 N

9. State AK	10. Longitude (dd mm ss.s h) 147 30 0.8 W
11. Please supply any need attachments. Attachment 1: Proba-V STA	Attachment 2: Form 312 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.) Assist ESA with the in-orbit payload validation & commission testing of the science instrument on the spacecraft.	
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).	

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