APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: O3B-VS10

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:	215–328–9130
Company:	Universal Space Network	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 Yes, complete an	ber or Submission ID d with this application? d attach FCC Form 159. If No, ty Noncommercial education		on (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGX – Fixed Satellite Transmit/	Receive Earth Station	
5. Type Request Use Prior to Grant	O Cha	ange Station Location	Other
6. Requested Use Prior	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: Waiver Attachment	2: Mission Analysis Attachment 3: FCC312			
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.)				
Universal Space Networks Hawaii ground station will be used to assist the French Space Agency (CNES) and the Swedish Space Corporation (SSC) with the Launch and Early Orbit (LEOP) of the O3B-VS10 launch vehicle and spacecraft injection into orbit. Communications shall consist of receive only telemetry, tracking, and data delivery from the launch				
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 of Compliance and contracts			
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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12. Description

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