APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Galileo FOC3 & FOC4

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:	Universal Space Network, Inc.	Phone Num	nber: 215–328–9130				
Company:		Fax Number	er: 215–328–9132				
Street:	417 Caredean Drive	E–Mail:	jgreet@uspacenet.com				
	Suite A						
City:	Horsham	State:	PA				
Country:	USA	Zipcode:	19044 –				
Attention:		Relationship	ip: Legal Counsel				
(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 O Noncommercial educational licensee							
• Other(please explain):							
4b. Fee Classification	CGX – Fixed Satellite Transmit/Re	eceive Earth Stat	ation				
5. Type Request							
Use Prior to Grant Change Station Location Other							
6. Requested Use Prior I 03/20/2015	Date						
7. CityNaalehu			B. 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 Galileo F3&4 Attachment 2: Waiver	Attachment 3: Galileo Analysis					
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.)						
Launch support of the Galileo FOC3 & FOC4 spacecrafts currently scheduled for launch on March 27, 2015. Support requested for 60 days for the LEOP and IOT phase. USN shall provide the Comsearch coordination study separately.						
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, Compliance					
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