

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Sentinels 1B LEOP

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: | Universal Space Network, Inc. | Phone Number: | 215-394-0127 |
| Company: | | 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: | | 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
04/21/2016

7. City North 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: FCC312 Sentinels 1B Attachment 2: Waiver & analysis Attachment 3: Coordination report | |
| 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: 5px 0;">Support the LEOP of the Sentinels-1B spacecraft. Launch scheduled for April 22, 2016 and supported expected for 10 days.</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, 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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