

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Intelsat5 and IR

**I. Applicant**

<b>Name:</b>	Universal Space Network, Inc.	<b>Phone Number:</b>	215-328-9130
<b>DBA Name:</b>		<b>Fax Number:</b>	215-328-9132
<b>Street:</b>	417 Caredean Drive Suite A	<b>E-Mail:</b>	jgreet@uspacenet.com
<b>City:</b>	Horsham	<b>State:</b>	PA
<b>Country:</b>	USA	<b>Zipcode:</b>	19044
<b>Attention:</b>	Joanne Greet		


File # SES STA 20180119-00050  
Call Sign 129-18 Grant Date 129-18  
(or other identifier)  
From: 2-1-18 Term Dates 275-18  
To: 275-18  
Approved: [Signature]



Applicant: Universal Space Network, Inc.  
File No.: SES-STA-20180119-00050  
Call Sign: None  
Special Temporary Authority

Universal Space Network, Inc., is granted a special temporary authority for 30 days, beginning February 1, 2018, to operate a 13 meter earth station antenna located at 19° 0' 50.3' N/ 155° 39' 46.6' W in Naalehu, Hawaii, to conduct compatibility testing with Intelsat-5 (S2704) satellite at 157.1° E.L. and with Intelsat 1R (S2368) satellite at 169.2° E.L for tracking, telemetry and command ("TT&C") in preparation for post-launch and early orbit phase (LEOP) support of future Intelsat spacecraft launches, using the following frequencies: 11451 MHz (space-to-Earth) and 14498 MHz and 14498.50 (Earth-to-space) under the following conditions.

1. Operations under this authority are on a non-interference basis only.
2. Operations under this authority are on a non-protected basis only.
3. In the event of any harmful interference under this grant of special temporary authority, Universal Space Network, Inc, must cease operations immediately upon notification of such interference, and must inform the Commission, in writing, immediately of such an event.
4. Any action taken or expense incurred as a result of operations pursuant to this special temporary authority is solely 'at Universal Space Network, Inc's risk.
5. 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.

 <b>GRANTED</b> International Bureau	File # <u>SES-STA-20180119-00050</u>
	Call Sign _____ Grant Date <u>1-29-18</u> (or other identifier)
	From: <u>2-1-18</u> Term Dates To: <u>3-3-18</u>
	Approved: <u>[Signature]</u>

<b>2. Contact</b>			
<b>Name:</b>	Universal Space Network, Inc.	<b>Phone Number:</b>	215-328-9130
<b>Company:</b>		<b>Fax Number:</b>	215-328-9132
<b>Street:</b>	417 Caredean Drive Suite A	<b>E-Mail:</b>	jpgreet@uspacenet.com
<b>City:</b>	Horsham	<b>State:</b>	PA
<b>Country:</b>	USA	<b>Zipcode:</b>	19044 -
<b>Attention:</b>		<b>Relationship:</b>	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?			
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).			
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee			
<input type="radio"/> Other (please explain):			
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station			
5. Type Request			
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other			
6. Requested Use Prior Date			
02/01/2018			
7. City Naalehu			
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: FCC312-B                      Attachment 2: Attachment 3:	
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;">Universal Space Network will use its Hawaiian earth station to test compatibility with Intelsat-5 and Intelsat-1R for TT&amp;C in preparation for LEOP support of future Intelsat spacecraft launches.</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.                      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).	

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

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**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

**FEDERAL COMMUNICATIONS COMMISSION**  
**APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS**  
**Technical and Operational Description**  
(Place an "X" in one of the blocks below)

License of New Station     Registration of new Domestic     Amendment to a Pending Application     Modification of License/Registration     Notification of Minor Modification

**B1. Location of Earth Station Site.** If temporary-fixed, mobile, or VSAT remote facility, specify area of operation and point of contact. If VSAT hub station, give its location. For VSAT networks attach individual Schedule B, Page 1 sheets for each hub station and each remote station. Individually provide the Location, Points of Communications, and Destination Points for each hub and remote station.

B1a. Station Call Sign USHI01		B1c. Telephone Number (808) 929-8069		B1j. Geographic Coordinates N/S, Deg. - Min. - Sec. - E/W		B1k. Lat./Lon. Coordinates are:	
B1d. Mailing Street Address of Station or Area of Operation 93-1704 South Point Road		B1e. Name of Contact Person Joanne Greet		Lat. 19° 00' 50.3" N	Lon. 155° 39' 46.6" W	<input type="checkbox"/> NAD-27	<input checked="" type="checkbox"/> NAD-83
B1f. City Naalehu	B1g. County Ka'u	B1h. State HI	B1i. Zip Code 96772-0842	B1l. Site Elevation (AMSL) 378.0		meters	

**B2. Points of Communications:** List the names and orbit locations of all satellites with which this earth station will communicate. The entry "ALSAT" is sufficient to identify the names and locations of all satellite facilities licensed by the U.S. All non-U.S. licensed satellites must be listed individually.

Satellite Name and Orbit Location	Satellite Name and Orbit Location
Intelsat 5 (IS-5) at 157.1 degrees East	
Intelsat 1R (IS-1R) at 156.9 degrees East	

**B3. Destination points for communications using non-U.S. licensed satellites.** For each non-U.S. licensed satellite facility identified in section B2 above, specify the destination point(s) (countries) where the services will be provided by this earth station via each non-U.S. license satellite system. Use additional sheets as needed.

Satellite Name	List of Destination Points

**FEDERAL COMMUNICATIONS COMMISSION**  
**APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS**  
**FCC Form 312 - Schedule B: (Technical and Operational Description)**

**B4. Earth Station Antenna Facilities:** Use additional pages as needed.

(a) Site ID*	(b) Antenna ID**	(c) Quantity	(d) Manufacturer	(e) Model	(f) Antenna Size (meters)	(g) Antenna Gain Transmit and/or Receive (____ dBi at ____ GHz)
USHI01	HI-13M	1	Datron	1453	13.0	60.0 dBi at 11.5 GHz 63.1 dBi at 14.5 GHz

**B5. Antenna Heights and Maximum Power Limits:** (The corresponding Antenna ID in tables B4 and B5 applies to the same antenna)

(a) Antenna ID**	(b) Antenna Structure Registration No.	Maximum Antenna Height		(c) Building Height Above Ground Level (meters)****	(f) Maximum Antenna Height Above Rooftop (meters)***	(g) Total Input Power at antenna flange (Watts)	(h) Total EIRP for all carriers (dBW)
		(c) Above Ground Level (meters)	(d) Above Mean Sea Level (meters)				
HI-13M		20.0	398.0			200.0	86.1

Notes: \* If this is an application for a VSAT network, identify the site (Item B1b, Schedule B, Page 1) where each antenna is located. Also include this Site-ID on Schedule B, Page 5.  
 \*\* Identify each antenna in VSAT network or multi-antenna station with a unique identifier, such as HUB, REMOTE1, A1, A2, 10M, 12M, 7M, etc. Use this same antenna ID throughout tables B4, B5, B6, and B7 when referring to the same antenna.  
 \*\*\* Attach sketch of site or exemption, See 47 CFR Part 17.







**FEDERAL COMMUNICATIONS COMMISSION  
APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS  
FCC Form 312 - Schedule B: (Technical and Operational Description)**

If VSAT Network, provide the SITE-ID (Item B1b) of the station that B8-B13 are in response to (HUB, REMOTE1, etc.): \_\_\_\_\_

<p><b>B8.</b> If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with <b>geostationary</b> satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurements? If NO, provide as an exhibit, a technical analysis showing compliance with two-degree spacing policy.</p>	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>												
<p><b>B9.</b> If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with <b>non-geostationary</b> satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurement?</p>	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>												
<p><b>B10.</b> Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.</p>	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>												
<p><b>Remote Control Point Location:</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; padding: 2px;">B10a. Street Address 417 Caredean Drive Suite A</td> <td style="width:20%; padding: 2px;">B10c. County Montgomery</td> <td style="width:20%; padding: 2px;">B10d. State/Country PA</td> <td style="width:20%; padding: 2px;">B10e. Zip Code 19044</td> </tr> <tr> <td colspan="4" style="padding: 2px;">B10f. Telephone Number 215-328-9130</td> </tr> <tr> <td colspan="4" style="padding: 2px;">B10g. Call Sign of Control Station (if appropriate)</td> </tr> </table>			B10a. Street Address 417 Caredean Drive Suite A	B10c. County Montgomery	B10d. State/Country PA	B10e. Zip Code 19044	B10f. Telephone Number 215-328-9130				B10g. Call Sign of Control Station (if appropriate)			
B10a. Street Address 417 Caredean Drive Suite A	B10c. County Montgomery	B10d. State/Country PA	B10e. Zip Code 19044											
B10f. Telephone Number 215-328-9130														
B10g. Call Sign of Control Station (if appropriate)														
<p><b>B11.</b> Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit.</p>	<input type="checkbox"/> <b>YES</b>	<input checked="" type="checkbox"/> <b>NO</b>												
<p><b>B12.</b> Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as an exhibit.</p>	<input type="checkbox"/> <b>YES</b>	<input checked="" type="checkbox"/> <b>NO</b>												
<p><b>B13. FAA Notification - (See 47 CFT Part 17 and 47 CFT Part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and/or the FAA's study regarding the potential hazard of the structure to aviation? <b>FAILURE TO COMPLY WITH 47 CFT PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION</b></b></p>			<input type="checkbox"/> <b>YES</b>	<input checked="" type="checkbox"/> <b>NO</b>										