## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Sentinels—2A testing for SEOSAT LEOP

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 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:		Relationship:	Same	
application. Please enter 3. Reference File Numb  4a. Is a fee submitted  If Yes, complete and  Governmental Entit  Other(please explain	only one.)  oer or Submission ID IB20200004  I with this application?  I attach FCC Form 159. If No, inc  y Noncommercial educations  n):	dicate reason for fee exemptional licensee	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transmit/Re	eceive Earth Station		
5. Type Request  Use Prior to Grant  Change Station Location  Other				
6. Requested Use Prior 1 06/20/2020	Date			
7. CityNorth Pole		8. Latitude (dd mm ss.s h)	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: FCC-312 Attachment 2: Analysis and Waiver Attachment 3: Comsearch 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.) The USN Alaska earth station shall be used to support ESA and the Swedish Space Corporation for pre-LEOP testing in preparation for the LEOP of the SEOSAT spacecraft in August 2020. This testing will use the on-orbit Sentinels-2A spacecraft. This testing was cancelled in March due to COVID-19 shutdown. 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No 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 15. Title of Person Signing Joanne Greet Compliance Manager 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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