Approved by OMB
3060−0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:
Sirius SXM8 IOT

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

(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 07/19/2021	
7. CityNaalehu	8. Latitude (dd mm ss.s h) 19 0 49.6 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 Attachment 2: Waiver request 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.)

Universal Space Network requests an authorization to support the In orbit testing of the Sirius Radio SXM8 spacecraft already parked in orbit. USN request a period of 16 day of support from the Hawaiian earth station starting on 7/19/2021.

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 ○ No

14. Name of Person Signing Joanne Greet	15. Title of Person Signing Compliance Manager

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