

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Sirius SXM8 in orbit testing

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
Company:	
Street:	417 Caredean Drive Suite A
City:	Horsham
Country:	USA
Attention:	
Phone Number:	215-328-9130
Fax Number:	215-328-9132
E-Mail:	jgreet@uspacenet.com
State:	PA
Zipcode:	19044 -
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 07/20/2021	
7. City Naalehu	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 XM8 spacecraft parked at 120.5 degrees west. USN requests a period of at least 16 days support from the Hawaiian earth station beginning on 7/20/2021. Stop buzzer phone 808-929-8069 or 808-936-7501 Diana Eriksson	
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
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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