

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

LINUS 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:	dave.massey@sscspace.com
City:	Horsham	State:	PA
Country:	USA	Zipcode:	19044 -
Attention:	Dave Massey		

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: dave.massey@sscspace.com State: PA Zipcode: 19044 - Relationship: Engineer
(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 01/17/2022	
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 Attachment 2: Narrative-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.) SSC Space US (dba Universal Space Network) a Delaware corporation request a special temporary authority to support testing of the WL2X0U (Linus), a US spacecraft mission from the Alaskan earth station in preparation for LEOP support of the mission. This STA is requested to start on January 17th, 2022 for a period of 30 days/	
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 Dave Massey	15. Title of Person Signing Chief Technologist
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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