

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Emergency STA Chandrayaan-2 Eclipse 20220516

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:	jswank@uspacenet.com
City:	Horsham	State:	PA
Country:	USA	Zipcode:	19044 -
Attention:	Joanne Greet		

2. Contact	
Name: Universal Space Network, Inc. Company: Street: 417 Caredean Drive Suite A City: Horsham Country: USA Attention: Noah Berkowitz	Phone Number: 215-328-9130 Fax Number: 215-328-9132 E-Mail: jswank@uspacenet.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 SESSTA2021050500771 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	
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: 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.) USN seeks approval for an emergency STA to provide uplink/downlink services to Chandrayaan-2 for a period of 10 days during which it will experience a lunar eclipse and risk complete loss of control. The station will be used for telemetry, tracking, and control in S−band communications.	
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 Noah Berkowitz	15. Title of Person Signing Spectrum Coordinator
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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