

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

JAXA XRISM 180 Day STA 2023

1. Applicant

Name:	Universal Space Network, Inc.	Phone Number:	+46705406770
DBA Name:		Fax Number:	215-328-9132
Street:	417 Caredean Drive Suite A	E-Mail:	goran.baban@sscspace.com
City:	Horsham	State:	PA
Country:	USA	Zipcode:	19044 -
Attention:	Joanne Greet		

2. Contact	
Name: Goran Baban Company: Universal Space Network, Inc. Street: 417 Caredean Drive Suite A City: Horsham Country: USA Attention: Goran Baban	Phone Number: +46 70 540 6770 Fax Number: E-Mail: goran.baban@sscspace.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	
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other	
6. Requested Use Prior Date 05/12/2023	
7. CityNaalehu	8. Latitude (dd mm ss.s h) 19 0 49.6

9. State HI	10. Longitude (dd mm ss.s h) 155 39 46.6
11. Please supply any need attachments. Attachment 1: 312 Attachment 2: Comsearch Attachment 3: NWT	
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.) JAXA XRISM 180-Day STA	
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 Goran Baban	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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