APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Galileo Orbit Raising

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	
application. Please enter 3. Reference File Numb 4a. Is a fee submitted If Yes, complete and Governmental Entit Other(please explain	or only one.) oer or Submission ID I with this application? I attach FCC Form 159. If No, inc y Noncommercial educations n):	dicate reason for fee exempti al licensee	the file number or the IB Submission ID of the related on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transmit/Re	eceive Earth Station		
5. Type Request Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 1 09/23/2018	Date			
7. CityNaalehu		8. Latitude (dd mm ss.s h)	8. Latitude (dd mm ss.s h) 19 0 50.3 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: Analysis–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.) Universal Space Network is requesting to support the ESA Galileo F10 mission during the orbit raising from low earth to its operational medium earth orbit. USN will support from Hawaii for a period of 27 days starting on Sept 23, 2018 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is Yes No 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. 14. Name of Person Signing 15. Title of Person Signing Joanne Greet 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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