

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
CSG-2 pre-LEOP Test

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:	jpgreet@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:	
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?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other(please explain):	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 12/01/2020	
7. CityNorth Pole	8. Latitude (dd mm ss.s h) 64 48 15.3 N

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