APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Athena STA extension for Hawaii 3rd

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	x, Inc. Phone Number:	215–328–9130
Comp	any:	Fax Number:	215–328–9132
Street	: 417 Caredean Drive	E-Mail:	jgreet@uspacenet.com
	Suite A		
City:	Horsham	State:	PA
Count	ry: USA	Zipcode:	19044 –
Attent	tion:	Relationship:	Same
application. Pleas 3. Reference File 4a. Is a fee sub If Yes, comple Governmenta Other(please	e enter only one.) Number or Submission ID omitted with this application? ete and attach FCC Form 159. I I Entity Noncommercial ed explain):	f No, indicate reason for fee exempti lucational licensee	the file number or the IB Submission ID of the related ion (see 47 C.F.R.Section 1.1114).
4b. Fee Classifica	tion CGX – Fixed Satellite Tran	nsmit/Receive Earth Station	
5. Type Request Use Prior to	Grant C	Change Station Location	O Other
6. Requested Use 11/14/2020			
7. CityNaalehu		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: Analysis	s and Waiver Attachment 3:				
12. Description. (If the complete description does not appear in this bo	ox, please go to the end of the form to view it in its entirety.)				
Universal Space Network (USN) request an extension of its previous STA for 30 days to allow its Hawaiian earth station to continue to communicate with the Athena satellite. The station is currently being used for telemetry, tracking, and control communications. The authority sought here will allow Athena to continue leveraging the increased diversity					
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.					
14. Name of Person Signing Joanne Greet	15. Title of Person Signing 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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