APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Emergency support for Sirius SXM-7

Name: DBA Name: Street:	Universal Space Network, Inc. 417 Caredean Drive	Phone Number: Fax Number:	215-328-9130 215-328-9132
	417 Caredean Drive		
Street:	417 Caredean Drive	T 14 1	
		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 Num	nber: 215–328–9130			
Company:		Fax Numbe	er: 215–328–9132			
Street:	417 Caredean Drive	E-Mail:	jgreet@uspacenet.com			
	Suite A					
City:	Horsham	State:	PA			
Country:	USA	Zipcode:	19044 –			
Attention:		Relationshi	ip: 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 SESSTA2020092401126 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 O Change Station Location O Other						
6. Requested Use Prior I 01/29/2021	Date					
7. CityNaalehu			. 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: Analysi	s–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 (USN) is requesting emergency authorization to assist with resolution of anomaly of the payload on the Sirius SXM-7 spacecraft placed in 120.5 degrees west orbit for testing. This request is for 30 days, but duration of resolution is unknown at this time.							
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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