

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Metop Extension May 2022

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:	jswank@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: Noah Berkowitz	Phone Number: 215-328-9130 Fax Number: 215-328-9132 E-Mail: jswank@uspacenet.com State: PA Zipcode: 19044 - Relationship: Engineer
(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 SESSTA2022032800356 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 ☐ Change Station Location ☒ Other	
6. Requested Use Prior Date	
7. City North Pole	8. Latitude (dd mm ss.s h) 64 48 15.3 N

9. State AK	10. Longitude (dd mm ss.s h) 147 30 0.8 W
11. Please supply any need attachments. Attachment 1: Narrative Waiver Attachment 2: FCC312 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.) 30 day extension for Metop for May	
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 Noah Berkowitz	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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