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Monday-Friday
9:30am-4:00pm

File Number:
CallSign:
Applicant:
Description:

Status:
Date Filed:
Last Action:

Filing ID:
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Application Tools: Please, select an Action



| Site | Points of Comm | Antenna | Frequency | Frequency Coord |
|----------------|----------------|---------------|-------------|-----------------|
| Administrative | Qualifications | Certification | Attachments | Station |

Summary

File Number:
Call Sign:
Status:
Last Action:
AFPN Date:
Begin Date:
Description

Date Filed:
Status Date:
Action Date:
ATPN Date:
Expiration Date:

<Initial Entry>

Applicant/Licensee

FRN:
Contact Name:
Company:
Street 1:
Street 2:
City, State, Zip:
Corp. Phone:
Corp. Fax:
Corp. E-mail:
Contact

Attn. Phone:
Attn. Fax:
Attn. E-mail:
Attention:

| |
|------|
| -- X |
| |
| |
| |
| |
| |

FRN:

Contact Name:

Company:

Street 1:

Street 2:

City, State, Zip:

Corp. Phone:

Corp. Fax:

Corp. E-mail:

Contact Attn.:

Contact Attn. Phone:

Contact Attn. Fax:

Contact Attn. E-mail:

| |
|---|
| |
| X |
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| |





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- | No. | Question | Answer |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1. | Are you applying for a NEW earth station license or registration (i.e., one that has not been previously licensed or registered)? | |
| 2. | Will your proposed earth station be a fixed earth station or temporary-fixed earth station (not part of a VSAT network) that will operate only in the Fixed Satellite Service? | |
| 3. | Which band will your proposed earth station be operating in? | |
| 4. | Have you completed Frequency Coordination and will you be attaching a Frequency Coordination Report to this application? | |
| 5. | Will you operate your proposed earth station ONLY with U.S.-licensed or Permitted List geostationary satellites (within the parameters specified on the Permitted List)? | |
| 6. | Does your proposed earth station and its operation conform to all technical, procedural, and operational requirements of the FCC Rules and Regulations (47 CFR) and therefore requires NO waivers or exemptions from any of the Commission's Rules? | |
| 7. | Does your proposed antenna(s) comply with the antenna gain standard specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurements? | |
| 8. | Does your proposed earth station operation conform with all routine power and power density rules contained in Sections 25.211 and 25.212? | |
| 9. | Can you certify that FAA notification is not required under 47 CFR Part 17 and 47 CFR Section 25.113(c)? | |
| 11. | Do you certify that Commission grant of any proposal in this application will NOT have a significant environmental impact as defined by 47 CFR Section 1.1307? | |
| 12. | Are you asking for a: | |
| 13. | Has a Radiation Hazard Study (refer to OET bulletin 65) been completed and will this Radiation Hazard Study be attached as an exhibit to this application? | |
| 14. | Do you certify that you are not a foreign government or a representative of a foreign government? | |
| 15. | Do you certify that you are not an alien, or the representative of an alien? | |

16. Do you certify that you are not a corporation organized under the laws of any foreign government?
17. Do you certify that you are not a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?
18. Do you certify that you are not a corporation directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?
19. Do you certify that the applicant or any party to this application has NOT had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license or construction permit denied by the Commission?
20. Do you certify that neither you nor any party to this application, nor any party directly or indirectly controlling your company, has EVER been convicted of a felony by any state or federal court?
21. Do you certify that NO court has finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition?
22. Do you certify that neither you nor any person directly or indirectly controlling the applicant, is currently a party in any pending matter referred to in the preceding two items?
23. Does the undersigned certify that neither the 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 Section 1.2002(b) for the meaning 'party to the application' for these purposes.





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The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

Type of Applicant

Applicant Other Text
If other, describe the type of applicant.

Signer Name

Signer Title

Signature

Date Signed (XXXXXXXXXX)

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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We have estimated that each response to this collection of information will take 10 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1067), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1067.

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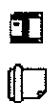
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| Site | Points of Comm | Antenna | Frequency Attachments | Frequency Coord |
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| Administrative | Qualifications | Certification | Attachments | Station |
| Select Attachment Type | File Name | | Date Uploaded | Replace/Attach |
| <input type="checkbox"/> Frequency Coordination Report | | | | |
| <input type="checkbox"/> Radiation Hazard Study | | | | |





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Call Sign

Nature of Service

Status

Satellite Orbit Type

Class of Earth Station

Filing Classification

Satellite Name

Frequency Band(s)

Type of Earth Station Facility

PN Description





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| Administrative Site | Qualifications Points of Comm | Certification Antenna | Attachments Frequency | Station Frequency Coord |
|---------------------|-------------------------------|-----------------------|-----------------------|-------------------------|
|---------------------|-------------------------------|-----------------------|-----------------------|-------------------------|

Site ID: Contact Name: Contact Phone:

NNN-NNN-NNNN XNNN

Area of Operation:

Street 1:

Street 2:

County:

State:

City:

Zip Code:

Latitude: Deg. Min. Sec. Hem.

Longitude:

Elevation (meters):

NAD Indicator:





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Administrative
Site
Select Site Id
 None

Qualifications
Points of Comm

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Station
Frequency Coord

Point of Communication
PERMITTED LIST





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Administrative
Site

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Select Site Id
None

Point of Communication
PERMITTED LIST





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File Number: Not Assigned Status: Filing ID:

CallSign: Date Filed: Saved:

Applicant: Last Action: Created:

Description:

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Select Antenna ID T/R Mode

Freq Lower (MHz/GHz) Freq Upper (MHz/GHz) Freq Unit

Emission Designator Describe Modulation & Services

Antenna Polarization Max EIRP per Carrier (dBW)

None Max EIRP Density per Carrier (dBW/4kHz)





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Select Antenna ID Trans/Rec Mode

Satellite Arc East Limit (Deg)

Satellite Arc West Limit (Deg)

Ant Elev Angle E (Deg) Azimuth Angle E (Deg)

Ant Elev Angle W (Deg) Azimuth Angle W (Deg)

Lower Freq Limit (MHz) Upper Freq Limit (MHz)

Max EIRP Density to Horizon (dBW/AKHz)

