



Federal Communications Commission

SATELLITE EARTH STATION AUTHORIZATIONS

FCC Form 312 - Schedule A

FOR OFFICIAL USE ONLY

[INSTRUCTIONS]

Select one of the following

- CONSENT TO TRANSFER OF CONTROL
 CONSENT TO ASSIGNMENT OF LICENSE
 NOTIFICATION OF TRANSFER OF CONTROL OF
 RECEIVE ONLY REGISTRATION
 NOTIFICATION OF ASSIGNMENT OF
 RECEIVE ONLY REGISTRATION

A1. Name of Licensee (as shown on FCC 312 - Main Form)

Name:	<input type="text"/>	Phone Number:	<input type="text"/>
DBA Name:	<input type="text"/>	Fax Number:	<input type="text"/>
Street:	<input type="text"/>	E-Mail:	<input type="text"/>
	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="v"/>
Country:	<input type="text" value="USA"/>	Zipcode:	<input type="text"/> - <input type="text"/>
Attention:	<input type="text"/>		

A8. List Callsign(s) of station(s) being assigned or transferred

A9. No. of station(s) listed

A10. Name of Transferor / Assignor

Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Company:	<input type="text"/>	Fax Number:	<input type="text"/>
Street:	<input type="text"/>	E-Mail:	<input type="text"/>
	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="v"/>
Country:	<input type="text" value="USA"/>	Zipcode:	<input type="text"/> - <input type="text"/>
Contact Title:	<input type="text"/>	Relationship:	<input type="text" value="v"/>

A15. Name of Transferee/ Assignee

Name:	<input type="text"/>	Phone Number:	<input type="text"/>
DBA Name:	<input type="text"/>	Fax Number:	<input type="text"/>
Street:	<input type="text"/>	E-Mail:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Country:	<input type="text" value="USA"/>	Zipcode:	<input type="text"/>

Attention:

A20. If these facilities are licensed, is the transferee / assignee directly or indirectly controlled by any other entity? If yes, attach as Exhibit E, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties, and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock.

- Yes
 No
 N/A

A21. If these facilities are licensed, attach as Exhibit F, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest.

CERTIFICATION

1. The undersigned, individually and for licensee, certifies that all attached exhibits pertain to Schedule A and all statement made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement.

2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation.

A22. Printed Name of Licensee (Must agree with A1)

A24. Title (Office Held by Person Signing)

A26. Printed Name of License Transferor / Assignor
(Must agree with A10)

A28. Title (Office Held by Person Signing)

A26. Printed Name of License Transferee / Assignee
(Must agree with A15)

A28. Title (Office Held by Person Signing)



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[INSTRUCTIONS]

1 copy of this form section exist.

Callsign:	<input type="text"/>	Callsign:	<input type="text"/>
Callsign:	<input type="text"/>	Callsign:	<input type="text"/>
Callsign:	<input type="text"/>	Callsign:	<input type="text"/>
Callsign:	<input type="text"/>	Callsign:	<input type="text"/>
Callsign:	<input type="text"/>	Callsign:	<input type="text"/>

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The public reporting for this collection of information is estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to perm@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

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