

Applicant should complete a Schedule S, if required

FCC 312

FEDERAL COMMUNICATIONS COMMISSION
Application for Satellite Space Station Authorizations
FCC 312 Main Form
FOR OFFICIAL USE ONLY

Not Yet Approved by OMB
Estimated Time Per Response: 0.5-80 hrs
April 2024
OMB Control Number 3060-0678

Save as Draft Edit Schedule S Delete

See Instructions Print Form

Applicant Information (Q1 - 16)

Applicant

\*Enter a description of this application to identify it on the main menu:

NGSO Example

\*FRN

0004322665

Name

Staci M Malikowski

Doing Business As (DBA)

Tekstar Communications, Inc.

Street Address

150 2nd St SW

Street Address 2

City

Perham

State

MN

Zip Code/Postal Code

56573

Country

USA

Contact Same as Applicant

Contact

\*FRN

0000010074

Name

PETER J LAGERGREN

Doing Business As (DBA)

Street Address

2013 FM 205

Street Address 2

City

Glen Rose

State

TX

Zip Code/Postal Code

76043

Country

USA

Attention

Title

Chief Financial Officer

Phone

2183468498

Fax

2183468850

Email

staci.malikowski@arvig.com

Attention

PETER J LAGERGREN

Title

Phone

8178325156

Fax

6044219202

Email

plagergren@earhtlink.net

\*Relationship

Legal Counsel

**Classification of Filing**

17a. Select the appropriate classification of application from the drop-down menu below:

b1. Application for License of New Station

**Application Fees**

\* 17b. Will a fee be paid?

Yes  No

\* 17c. If yes, select the appropriate fee code for the application.

17d. Fee Classification B

Fee Amount

**Waivers**

\* 18a. Does the Applicant request a waiver(s) of the Commission's rules?

Yes  No

\* 18b. Identify the rule section(s) for which a waiver is sought from the below.

18c. Waiver Request Documentation

19a. If this filing is an amendment to a pending application, enter date pending application was filed:

19b. If this filing is an amendment to a pending application, enter file number of pending application:

**Type of Service**

\* 20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Select all that apply.

Fixed-Satellite Service

\* 21. Status

Common Carrier  Non-Common Carrier  N/A

22. Select all that apply from the drop-down below:

23. If Applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filing. Are these facilities:

Connected to the Public Switched Network  Not Connected to the Public Switched Network  N/A

24. FREQUENCY BAND(S): Select the box(es) next to all applicable frequency band(s).

\* Check all that apply

- 24a. VHF-Band (30-300 MHz)
- 24b. UHF-Band (300-1000 MHz)
- 24c. L-Band (1-2 GHz)
- 24d. S-Band (2-3 GHz)
- 24e. C-Band (3.5-8 GHz)
- 24f. X-Band (8-10 GHz)
- 24g. Ku-Band (10-14.5 GHz)
- 24h. Ka-Band (17-30 GHz)
- 24i. Q/V-Band (35-75 GHz)
- 24j. Other Frequency Band

**Type of Station**

\* 25a. CLASS OF STATION: Select the Class of Station/Orbit Type

\* 25b. Estimated Operational Lifetime of Space Station(s) From Date of Launch (years)

\* 25c. Space Station or Satellite Network Name

26. Type of Earth Station

Transmit/Receive  Transmit-only  Receive-only

**Purpose of Modification**

27. The purpose of this proposed modification or amendment is to:

Check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> 27a. Authorization to add new emission designator and related service | <input type="checkbox"/> 27i. Authorization to add Points of Communication   |
| <input type="checkbox"/> 27b. Authorization to change emission designator and related service  | <input type="checkbox"/> 27j. Authorization to change Points of Communication  |
| <input type="checkbox"/> 27c. Authorization to increase EIRP and EIRP density                  | <input type="checkbox"/> 27k. Authorization for facilities for which environmental assessment and radiation hazard reporting is required |
| <input type="checkbox"/> 27d. Authorization to replace antenna                                 | <input type="checkbox"/> 27l. Authorization to change orbit location   |
| <input type="checkbox"/> 27e. Authorization to add antenna                                     | <input type="checkbox"/> 27m. Authorization to perform fleet management  |
| <input type="checkbox"/> 27f. Authorization to relocate fixed station                          | <input type="checkbox"/> 27n. Authorization to extend milestones   |
| <input type="checkbox"/> 27g. Authorization to change assigned frequency(ies)                  | <input type="checkbox"/> 27o. Other  |
| <input type="checkbox"/> 27h. Add frequencies  |  |

**Environmental Policy**

\*28a. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307?

Yes  No  N/A

If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 CFR §§ 1.1308 and 1.1311, as an exhibit to this application.

\* Document 2.docx

**Alien Ownership**

29. Is the Applicant a foreign government or the representative of any foreign government?

Yes  No

30. Is the Applicant an alien or the representative of an alien?

Yes  No  N/A

31. Is the Applicant a corporation organized under the laws of any foreign government?

Yes  No  N/A

32. Is the applicant 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?

Yes  No  N/A

33. Is the applicant 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?

Yes  No  N/A

34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the Applicant, and the percentage of stock they own or vote.

\* Document 3.docx

**Basic Qualifications**

35. Has the applicant or any party to this application or amendment 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?

Yes  No

If Yes, attach as an exhibit, an explanation of circumstance

\* Document 4.docx

36. Has the Applicant, or any party to this Application or amendment, or any party directly or indirectly controlling the Applicant ever been convicted of a felony by any state or federal court?

Yes  No

If Yes, attach as an exhibit, an explanation of circumstance

\* Document 5.docx

37. Has any court 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?

Yes  No

If Yes, attach as an exhibit, an explanation of circumstance

\* Document 6.docx

38. Is the Applicant, or any person directly or indirectly controlling the Applicant, currently a party in any pending matter referred to in the preceding two items?

Yes  No

If Yes, attach as an exhibit, an explanation of circumstance

\* Document 7.docx

39. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.

\* Document 8.docx

40. Anti-drug

- The Applicant certifies that neither it nor any other party to the application is subject to a denial of Federal benefits, including FCC benefits, pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR § 1.2002(b) for the meaning of "party of application" for these purposes. This certification does not apply to applications filed in services exempted under § 1.2002(c) of the rules, or to Federal State or local governmental entities or subdivisions thereof. See 47 CFR § 1.2002(c).
- The Applicant certifies that all of its statements made in this Application and in the attachments or documents incorporated by reference are material, are part of this Application, and are true, complete, correct, and made in good faith.

41. Application Description

NGSO Description

42. Geographic service certification

- (A) By selecting A, the undersigned certifies that the applicant is not subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25.
- (B) By Selecting B, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will comply with such requirements.
- (C) By selecting C, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will not comply with such requirements because it is not feasible as a technical matter to do so, or that, while technically feasible, such services would require so many compromises in satellite design and operation as to make it economically unreasonable. A narrative description and technical analysis demonstrating this claim are attached.

42d. Please attach a narrative description and technical analysis demonstrating this claim.

\* Document 9.docx

**Attachments/Confidential Treatment of Attachments**

\*Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?

- Yes  No

The Applicant must upload a supporting statement for the "confidential treatment request(s)" identifying the applicable rule(s) and providing other supporting materials or information. The Applicant must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section below.

\*43. The Applicant has uploaded a statement explaining the confidential treatment request(s) and identifying the rule(s) involved, along with other material information.

Attachment No.	File Name	Description of Attachment	Confidential	Action
1	Document 1.docx	18c. Waiver Request Documentation	<input type="checkbox"/>	
2	Document 10.docx	Form Attachment	<input type="checkbox"/>	
3	Document 2.docx	If YES, submit the statement as required by Sections 1.1308 and 1.1311 of	<input type="checkbox"/>	
4	Document 3.docx	34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an	<input type="checkbox"/>	
5	Document 4.docx	If Yes, attach as an exhibit, an explanation of circumstance	<input type="checkbox"/>	
6	Document 5.docx	If Yes, attach as an exhibit, an explanation of circumstance	<input type="checkbox"/>	
7	Document 6.docx	If Yes, attach as an exhibit, an explanation of circumstance	<input type="checkbox"/>	
8	Document 7.docx	If Yes, attach as an exhibit, an explanation of circumstance	<input type="checkbox"/>	
9	Document 8.docx	39. If the applicant is a corporation and is applying for a space station	<input type="checkbox"/>	
10	Document 9.docx	42d. Please attach a narrative description and technical analysis	<input type="checkbox"/>	

Attach File

**Certification**

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.

44. Party Authorized to Sign

First Name	MI
<input type="text"/>	<input type="text"/>
Last Name	Suffix
<input type="text"/>	<input type="text"/>
Title	
<input type="text"/>	
Signature	Date
<input type="text"/>	2024-04-09

FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL  
OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

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 LICENSE OR CONSTRUCTION PERMIT  
(U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

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