

United States of America
FEDERAL COMMUNICATIONS COMMISSION
EXPERIMENTAL
SPECIAL TEMPORARY AUTHORIZATION

EXPERIMENTAL
(Nature of Service)

K M 2 X J W
(Call Sign)

XD MO
(Class of station)

S-1366-EX-93
(File number)

NAME CBS, INC.

Within the United States
(Location of station)

Special Temporary Authority is hereby granted to operate the radio transmitting apparatus described below:

Frequency MHz	Authorized Power (watts)	Emission Designator
1635.5-1645	5012 (ERP)	24K0F3E/30K0F3E/40K0F3E/ 40K0G1B,40K0F1B/4K80F1D/115KF1D

Equipment: Four (4) Magnavox MX2020P Magnaphone
Two (2) Magnavox MX-211T
Three (3) Magnavox JUE-45T

This special temporary authorization is granted upon the express condition that it may be terminated by the Commission at any time without advance notice or hearing if in its discretion the need for such action arises. Nothing contained herein shall be construed as a finding by the Commission that the authority herein granted is or will be in the public interest beyond the express terms hereof.

This special temporary authorization shall not vest in the grantee any right to operate the station nor any right in the use of the frequencies designated in the authorization beyond the term hereof, nor in any other manner than authorized herein. Neither the authorization nor the right granted hereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934. This authorization is subject to the right of use of control by the Government of the United States conferred by Section 706 of the Communications Act of 1934.

This authorization effective January 4, 1994 and
will expire 3:00 A.M. EST. April 4, 1994

FEDERAL
COMMUNICATIONS
COMMISSION



CBS Inc., 51 West 52 Street
New York, New York 10019
(212) 975-4321
Law Department

KM2XJW

Re: Special Temporary Authority, Call Sign KM2XJW

Dear Mr. Caton:

December 21, 1993

Pursuant to Section 5.56 of the Commission's Rules, CBS Inc. requests that Special Temporary Authority be granted to operate nine (9) land based communications terminals, as Call Sign KM2XJW, using the INMARSAT satellite system. The operations are to be conducted in accordance with Section 5.202(h) of the Commission's Rules.

The following information is being submitted pursuant to the format in Section 5.56(b) of the Commission's Rules.

1. Name and Address

CBS Inc.
51 West 52 Street
New York, New York 10019
Att: Howard F. Jaeckel, Esq.

2. Need for Special Action

CBS Inc. has an existing authorization in the Experimental Radio Service, Call Sign KM2XJW, that will expire on January 1, 1994. Renewal of this authorization using an FCC Form 405 is not applicable because the requested renewal is not in accordance with the terms of the existing authorization. Therefore, CBS Inc. is filing contemporaneously with this request for an STA an Application to modify Call Sign KM2XJW. The purpose of this application for Special Temporary Authority is to enable continued use of the station by CBS pending approval of the Application on FCC Form 442.

This request meets the criteria of Section 5.56(a) of the Commission's Rules for temporary operation for a limited time only in a manner other than specified in the existing authorization, but not in conflict with the Commission's rules.

3. Type of Operation to be conducted

The proposed portable satellite communications terminals would be used by CBS Inc. in the event of a disaster to provide reliable telephone and data communications between remote CBS field locations and CBS News Headquarters when standard communications facilities are not available.

4. Purpose of Operation

The purpose is to provide emergency communications in the event of disaster or other disruption to normal communications.

REQUEST FOR SPECIAL TEMPORARY AUTHORIZATION

5. Time and date of Proposed Operation

- From grant of authorization to July 1, 1994, as required.

6. Class of Station: XD MO
Call Sign of Station: KM2XJW
Nature of Service: Experimental

7. Location of Proposed Operation: United States

8. Equipment to be Used:

<u>Manufacturer</u>	<u>Model</u>	<u>Number of Units</u>
Magnavox	MX2020P Magnaphone	4
Magnavox	MX-211T	2
Magnavox	JUE-45T	3

9. Frequencies: 1635.5 - 1645 MHz

10. Plate Power to Final Radio Stage:

The units are portable terminals having a maximum power at the transmitter terminals of 40 watts. The Effective Radiated Power is 5012 Watts.

11. Type of Emission:

Voice: 24K0F3E, 30K0F3E, 40K0F3E
Telex: 40K0G1B, 40K0F1B
Data : 4K80F1D, 115KF1D

12. Overall height of antenna structure above ground:

Not Applicable. These are small portable terminals. Typically the transceiver is 9.3"H x 12.8"W x 16.8"D or (23.6 x 32.5 x 42.7 cm). The antenna is 35" diameter (89 cm) when deployed.

Enclosed please find a check for Thirty-Five Dollars (\$35) in accordance with the Commission's fee requirement.

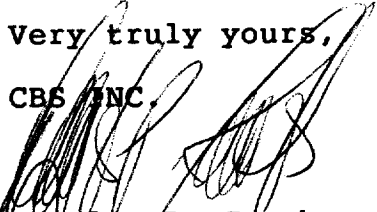
The applicant certifies that no parties to the application are subject to a denial of federal benefits pursuant to Section 5301 of the anti-drug abuse action of 1988, 21 U.S.C. Section 853(a).

It would be appreciated if a faxed response to this request could be addressed to R. Bryan Hatchett, (212) 975-4037.

Also, if there are any questions concerning this application, please contact Mr. Hatchett at (212) 975-4037.

Very truly yours,

CBS INC.


Douglas P. Jacobs
Assistant Secretary

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December 21, 1993

Mr. William Caton
Acting Secretary
Federal Communications Commission
Mass Media Services
P.O. Box 358200
Pittsburgh, Pennsylvania 15251-5200

cc: Frank Wright
Chief, Frequency Liaison Branch
Federal Communications Commission
Office of Engineering and Technology
Room 7326
2025 M Street, N.W.
Washington, D.C. 20054

Enclosure

LICRBH/226

QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL
PACKAGE
TRACKING NUMBER

7020465636

9828465636

RECIPIENT'S COPY

Date: 12/21/93

Your Phone Number (Very Important): 212 975 4637

To (Recipient's Name, Please Print): FCC/Mellon Bank

Recipient's Phone Number (Very Important): 153 2718

Department/Floor No.: LAW/BROADCASTING

Company: 3 Mellon Bank City Hall

Street Address: 52ND ST 35TH FL

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.): 525 William Penn Way

City: NEW YORK NY

State: NY

ZIP Required: 10019

City: Pittsburgh PA

State: PA

ZIP Required: 15204

INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice): 0001-3240

IF HOLD FOR PICK-UP, Print FEDEX Address Here

Street Address:

City:

State:

ZIP Required:

PAYMENT: Bill Sender Bill Recipient's FedEx Acct. No. Bill 3rd Party FedEx Acct. No. Bill Credit Card

Cash Check

SERVICES (Check only one box)		DELIVERY AND SPECIAL HANDLING (Check services required)		PACKAGES	WEIGHT in Pounds Only	YOUR DECLARED VALUE (See right)
11 <input type="checkbox"/> OTHER PACKAGING 16 <input checked="" type="checkbox"/> FEDEX LETTER 12 <input type="checkbox"/> FEDEX PAK * 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE (Delivery by next business morning)	51 <input type="checkbox"/> OTHER PACKAGING 56 <input type="checkbox"/> FEDEX LETTER * 52 <input type="checkbox"/> FEDEX PAK * 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE (Delivery by next business afternoon. No Saturday delivery)	HOLD FOR PICK-UP (Fill in Box H) <input type="checkbox"/> WEEKDAY or <input type="checkbox"/> SATURDAY DELIVER <input type="checkbox"/> WEEKDAY or <input type="checkbox"/> SATURDAY (Extra charge) (Not available to all locations) 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 5 <input type="checkbox"/> 6 <input type="checkbox"/> DRY ICE (Dangerous Goods Shipper's Declaration not required) (Dry Ice, UN 1845, X kg. III) 7 <input type="checkbox"/> OTHER SPECIAL SERVICE <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> WEEKDAY or <input type="checkbox"/> SATURDAY <input type="checkbox"/> WEEKDAY or <input type="checkbox"/> SATURDAY (Extra charge) (Not available to all locations)	Total	Total	Total
30 <input checked="" type="checkbox"/> ECONOMY (Delivery by second business day)	46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE (Restricted for authorized users only)					
70 <input type="checkbox"/> OVERNIGHT FREIGHT ** (Confirmed reservation required)	80 <input type="checkbox"/> TWO-DAY FREIGHT ** (Declared Value Limit \$500. Call for delivery schedule.)					

Emp. No. _____ Date _____

Cash Received

Return Shipment

Third Party Chg. To Del. Chg. To Hold

Street Address _____

City _____ State _____ Zip _____

Received By: **X**

Date/Time Received _____ FedEx Employee Number _____

REVISION DATE 6/92

FORMAT #136

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7 Release Signature: _____