

United States of America  
FEDERAL COMMUNICATIONS COMMISSION  
EXPERIMENTAL  
SPECIAL TEMPORARY AUTHORIZATION

EXPERIMENTAL  
(Nature of Service)

K K 2 X C V  
(Call Sign)

XD FX & MO  
(Class of station)

S-1427-EX-93  
(File number)

NAME OMNIPOINT CORPORATION

Vicinity of Colorado Spring, CO  
(Location of station)

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

Frequency MHz	Authorized Power (watts)	Emission Designator
1850-2200	1000 (ERP)	1

1. Licensee is authorized to use various modes of modulation, bandwidth, and data rates. None of these modes of transmission shall extend beyond the band band limits set forth above.

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 February 23, 1994 and  
will expire 3:00 A.M. EST. July 31, 1994

FEDERAL  
COMMUNICATIONS  
COMMISSION

S-1427-EX-94 ✓

# PEPPER, HAMILTON & SCHEETZ

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WRITER'S DIRECT NUMBER

(202) 828-1447

*KKZXC ✓*

February 16, 1994

**Via Express Mail**

Federal Communications Commission  
Experimental Radio Service  
P.O. Box 358320  
Pittsburgh, Pennsylvania 15251-5320

Re: Request for Special Temporary Authorization  
(Colorado Springs, CO)

Dear Sir or Madam:

I am writing on behalf of Omnipoint Corporation ("Omnipoint") to request a Special Temporary Authorization to operate spread spectrum wireless communications equipment in the 1850-2200 MHz range in and around Colorado Springs, Colorado between February 20 and July 31, 1994 at power levels up to 1000 EIRP.

On October 22, 1993, the Commission concluded that its PCS licensees should be permitted to operate at power levels up to 1000 watts EIRP. Amendment to the Commission's Rules to Establish New Personal Communications Services, FCC 93-45, at 29 (adopting new Section 99.231) (released Oct. 22, 1993). Omnipoint requires this STA to test its 1850-2200 MHz PCS equipment under the conditions prevailing in and around Colorado Springs at the higher power levels contemplated by the Commission.


~~KKZXC ✓~~  
~~KKZXC ✓~~

PEPPER, HAMILTON & SCHEETZ

February 16, 1994  
Page 2

Enclosed is a check for \$35.00 and FCC 155 Fee Processing Form for this STA. Please call if we can answer any questions or supply any additional information.

Sincerely,



David A. Wormser

Enclosures

cc: H. Franklin Wright (By Hand)

Approved by OMB  
3060-0440  
Expires 2/28/93

FEDERAL COMMUNICATIONS COMMISSION  
**FEE PROCESSING FORM**

FOR  
FCC  
USE  
ONLY

FCC/MELLON FEB 17 1994

02-18-94 8320435 003

Please read instructions on back of this form before completing it. Section I must be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

**SECTION I**

APPLICANT NAME (Last, first, middle initial)

Omnipoint Corporation

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)

7150 Campus Drive

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

Suite 155

CITY

Colorado Springs

STATE OR COUNTRY (if foreign address)

Colorado

ZIP CODE

80920

CALL SIGN

OTHER FCC IDENTIFIER

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1) E A E		\$ 35.00	

**SECTION II** - To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1) [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	\$ [ ] [ ] [ ] [ ]	
(2) [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	\$ [ ] [ ] [ ] [ ]	
(3) [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	\$ [ ] [ ] [ ] [ ]	
(4) [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	\$ [ ] [ ] [ ] [ ]	
(5) [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	\$ [ ] [ ] [ ] [ ]	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE.

TOTAL AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE. →

TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	FOR FCC USE ONLY
\$ 35.00	35.00