7150 Campus Drive, Suite 155, Colorado Springs, CO 80920

### United States of America

# FEDERAL COMMUNICATIONS COMMISSION EXPERIMENTAL

#### SPECIAL TEMPORARY AUTHORIZATION

EXPERIMENTA	<u> </u>		K K 2 X C	<u>v</u>	
(Nature of Se	ervice)		(Call Sign)		
XD FX & MO			S-1223-EX-9	)3	
(Class of sta	ation)		(File numbe	er)	
NAME	OMNIPOINT C	ORPORATION			
Vicinity of	Colorado Spring, C	0			<del></del>
	(Loc	ation of station)	· —		
	porary Authority apparatus describe		d to operate	the	radio
Frequency MHz	Authorized Power (watts)				
1850-2200	5 (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_	August 5, 1993	and	FEDERAL
will	expire 3:00 A	.M. EST	December 31, 1993		COMMUNICATIONS
					COMMISSION

S-1223-EX-93

## PEPPER, HAMILTON & SCHEETZ

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WRITER'S DIRECT NUMBER

(202) 828-1447

KrzxcV

August 5, 1993

#### Via Express Mail

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

> Request for Special Temporary Authorization, (Colorado Springs, Colorado)

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 and around Colorado Springs, Colorado between August 5 and December 31, 1993. In support of its request, Omnipoint provides the following information:

- Omnipoint will use the STA to confirm that its 1850-2200 MHz PCS equipment will operate under the field conditions prevailing in the Colorado Springs area. As with the other tests conducted by Omnipoint, these tests will specifically confirm that the equipment provides satisfactory service (specifically in the areas of hand-offs, signal quality and coverage, equipment failure rates, and the ability of Omnipoint's service to coexist with incumbent OFS licensees) for extended periods.
- Omnipoint would have been able to conduct this test under its existing experimental license (File No. 2174-EX-PL-91) except that the number of base stations and handsets in operation will exceed the number authorized by that license.

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Specifically, the test will employ up to thirty base stations, the precise number to be the minimum required to provide adequate coverage in the test area. The number of handsets may at times reach two hundred.

3. In order to ensure that the test will not interfere with incumbent OFS licensees, Omnipoint will (i) limit the test primarily to frequencies not currently in use by OFS licensees, (ii) coordinate directly with incumbent OFS licensees that might be affected, and (iii) notify the Commission's Denver field office of the test.

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** 

2060-0440 Expires 12/31/90

SECTION

APPLICANT NAME (Last, first, middle initial)
Omnipoint Corporation

# FEE PROCESSING FORM

# FCC/MELLON AUG 0 6 1993

08-09-93 8320194 005

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.

MAILING ADDRESS (Line 1)	(Maximum 35	characters - ref	er to Inst	ruction (2) on revers	e of form)
7150 Campus Dr	ive				
MAILING ADDRESS (Line 2)	(if required)	(Maximum 35 ch	naracters)		
Suite 155					
CITY					
Colorado Sprine	gs				
STATE OR COUNTRY (if foreign address)		ZIP CODE		CALL SIGN OR OTH	ER FCC IDENTIFIER (If applicable)
Colorado		80920			
Enter in Column (A) the corre	* *		•		•
Lifee Filling Guides, Enter in Co		, , ,			sult obtained from multiplying
he value of the Fee Type Co (A)	(B)		entered in	(C)	
FEE TYPE CODE	FEE MU	JLTIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
(1)	(if rec	quired)	COD	E IN COLUMN (A)	
EAE		/	<b>\$</b> 35.	.00	
	L	L			
SECTION II		•		questing concurrent act	ions which result in a
	requirer	ment to list more	than one	Fee Type Code.	
(A)	(B	))		(C)	
(A) FEE TYPE CODE	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
· ·		TIPLE			FOR FCC USE ONLY
· ·	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
· ·	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
· ·	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
· ·	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
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FEE TYPE CODE	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
FEE TYPE CODE	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
FEE TYPE CODE	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
FEE TYPE CODE	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
FEE TYPE CODE	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
(4) FEE TYPE CODE	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
FEE TYPE CODE	FEE MUL	TIPLE		DUE FOR FEE TYPE	FOR FCC USE ONLY
(4) (5) (5)	FEE MUL (If requ	TIPLE red)		DUE FOR FEE TYPE	FOR FCC USE ONLY
(4) (5) ADD ALL AMOUNTS SHOWN	FEE MUL (If requ	TIPLE red)	\$ \$	DUE FOR FEE TYPE E IN COLUMN (A)	
(4) (5) (5)	FEE MUL (IIf requ	LINES (1)	\$ \$	DUE FOR FEE TYPE E IN COLUMN (A)	FOR FCC USE ONLY
(4)  (5)  ADD ALL AMOUNTS SHOWN THROUGH (5), AND ENTER TH	FEE MUL (IIf requ	LINES (1)	\$  \$ TOTAL WITH	AMOUNT REMITTED	FOR FCC USE ONLY
(4)  (5)  ADD ALL AMOUNTS SHOWN THROUGH (5), AND ENTER THE THIS AMOUNT SHOULD EQUAL	FEE MUL (IIf requ	LINES (1)	\$ \$	AMOUNT REMITTED	