Approved by OMB
3060-0065
Expires 9/30/98

FEDERAL COMMUNICATIONS COMMISSION

FCC FORM 442

FOR FCC USE ONLY

APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5 OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER THAN BROADCAST)

SECTION I

APPLICANT NAME (Last, first, middle initial)
COMSAT Mobile Communications

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)
c/o Lilanie Geiger

MAILING ADDRESS (Line 2) (If required) (Maximum 35 characters)
6560 Rock Spring Drive

CITY
Bethesda

STATE OR COUNTRY (If foreign address)	ZIP CODE	CALL SIGN OR FILE NUMBER
MD	20817	

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Fee 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) FEE TYPE CODE	(B) FEE MULTIPLE (If required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(1)	E A E		$45.00	

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) FEE TYPE CODE	(B) FEE MULTIPLE (If required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2)			$	
(3)			$	
(4)			$	
(5)			$	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE. →

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

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FCC Form 422
March 1996

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

APPROVED BY OMB
3060-0065
Expires 9/30/98

APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5 OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER THAN BROADCAST)

1. Applicant's Name and Post Office address (Street address, city, state, and ZIP Code. See Instruction No. 4)

COMSAT Mobile Communications
6560 Rock Spring Drive
Bethesda, MD 20817

DO NOT WRITE IN THIS BLOCK
File No.

2(a). Application for (check only one box)

☒ New station ☐ Modification of existing authorization

2(b). For Modification indicate below:

File No: Call Sign:

3. Application for Modification: Check the box beside all particulars to be modified. Check either addition or replacement to indicate whether the change is an addition or a replacement of parameters in the current authorization.

☐ FREQUENCY – ☐ addition or ☐ replacement?
☐ EMISSION – ☐ addition or ☐ replacement?
☐ POWER – ☐ addition or ☐ replacement?
☐ LOCATION – ☐ addition or ☐ replacement?

☐ OTHER PARTICULARS - addition or replacement? (Describe below or in attached EXHIBIT No. _____)

4. Particulars of Operation (see instruction below)

Frequency (state whether kHz or MHz) (A)	POWER (B)	POWER (C)	POWER (D)	EMISSION (E)	MODULATING SIGNAL (F)	NECESSARY BANDWIDTH (kHz) (G)
1626.5		14DBW	Mean	BPS	600 BPS	
1646.5						
MHz						

(A) List each frequency or frequency band separately. (If more space is required, attach as EXHIBIT No._____)
(B) Insert maximum R.F. output power at the transmitter terminals. Specify units.
(C) Insert maximum effective radiated power from the antenna (if pulsed emission, specify peak power). Specify units.
(D) Insert "MEAN" or "PEAK" (See definitions in Part 5).
(E) List each type of emission separately for each frequency. (See Section 2.201 of FCC Rules)
(F) Insert as appropriate for the type of modulation:
(1) the maximum speed of keying in bauds;
(2) maximum audio modulating frequency;
(3) frequency deviation of carrier;
(4) pulse duration and repetition rate.
For complex emissions, describe in detail in the space provided below.
(G) Describe how the necessary bandwidth was determined in space provided below.

5 a). Proposed location of transmitter and transmitting antenna (check only one box to indicate type of operation):

☐ FIXED/BASE ☐ MOBILE ☒ BASE AND MOBILE

5 b). If permanently located at a FIXED location, give below:

State	County	City or Town
MD	Montgomery	Bethesda

Number and street (or other indication of location)

6560 Rock Spring Drive

5(c). If mobile, describe the exact area of operation

5(b)(1). Enter geographical coordiantes exact to the nearest second (see instruction 10)

North Latitude (DD-MM-SS)	West Longitude (DD-MM-SS)
39° 13' 20" 3	077° 16' 60" 6

5(c)(1) Enter geographical coordinates of the approximate center of mobile operation (see instruction 10.)

North Latitude	West Longitude
° ' "	° ' "

5(d). Datum (see instruction 10): ..... ☐ NAD 27 ☒ NAD 83 (GPS)

8. Is a directional antenna (other than radar) used? ☐ YES ☒ NO

If "YES", give the following information:

(a) Width of beam in degrees at the half-power point _____

(b) Orientation in horizontal plane _____ (c) Orientation in vertical plane _____

7. Is this authorization to be used for fulfilling the requirement of a government contract with an agency of the United States Government? ☐ YES ☒ NO

If "YES", attach as EXHIBIT No. _____, a narrative statement describing the government project, agency and contact number.

8. Is this authorization to be used for the exclusive purpose of developing radio equipment for export to be employed by stations under the jurisdiction of a foreign government?

☐ YES ☒ NO

If "YES", attach as EXHIBIT No. _____, the following information: Provide the contract number and the name of the foreign government concerned.

9. Is this authorization to be used for providing communications essential to a research project? (The radio communication is not the objective of the research project).

☐ YES ☒ NO

If "YES", attach as EXHIBIT No. _____, a narrative statement provding the following information:

(a) A description of the nature of the research project being conducted.

(b) A showing that the communications facilities requested are necessary for the research project involved.

(c) A showing that existing communications facilities are inadequate.

10. If all the answers to Items 7, 8, and 9, are "NO", attach as EXHIBIT No. 1, a narrative statement describing in detail the following:

(a) The complete program of research and experimentation proposed including description of equipment and theory of operation.

(b) The specific objectives sought to be accomplished.

(c) How the program of experimentation has a reasonable promise of contribution to the development, extension, expansion or utilization of the radio art, or is along line not already investigated.

11(a). Give an estimate of the length of time that will be required to complete the program of experimentation proposed in this application: 24 months

(b) If less than 2 years, give the length of time in months that the authorization requested in this application will be required: _____

12. Would a Commission grant of this application come within Section 1.1307 of the FCC Rules, such that it may have a significant environmental impact (see instruction 11)? ☐ YES ☒ NO

If "YES", attach as EXHIBIT No. _____ an Environmental Assessment as required by Section 1.1311.

13. List below transmitting equipment to be installed (if experimental, so state):

MANUFACTURER	MODEL NUMBER	NO. OF UNITS
Trimble	TNL 9001	3

14. Is the equipment listed in Item 13 capable of station identification pursuant to Section 6.152? ☒ YES ☐ NO

15. Will the antenna extend more than 6 meters above the ground, or if mounted on an existing building, will it extend more than 6 meters above the building, or will the proposed antenna be mounted on an existing structure other than a building? ☐ YES ☒ NO

If "YES", give the following (see instruction 9):

(a) Overall height above ground to tip of antenna is _____ meters.

(b) Elevation of ground at antenna site above mean sea level is _____ meters.

(c) Distance to nearest aircraft landing area is _____ kilometers.

(d) List any natural formations of existing man-made structures (hills, trees, water tanks, towers, etc) which, in the opinion of the applicant, would tend to shield the antenna from aircraft and thereby minimize the aeronautical hazard of the antenna.

(e) Submit as EXHIBIT No. _____, a vertical profile sketch of total structure including supporting building, if any, giving heights in meters above ground for all significant features. Clearly indicate existing portion, noting particulars of aviation obstruction lighting already available.

16. Applicant is: *(Check only one box)*

☐ INDIVIDUAL ☐ ASSOCIATION ☐ PARTNERSHIP ☒ CORPORATION

☐ OTHER (describe in space provided below)

17. Is applicant a foreign government or a representative of a foreign government? ☐ YES ☒ NO

18. Has applicant or any party to this application had any FCC station license or permit revoked or had any application for permit, license or renewal denied by this Commission? ☐ YES ☒ NO

If "YES", attach as EXHIBIT No. _____, a statement giving call sign of license or permit revoked and relate circumstances.

19. Will applicant be owner and operator of the station? ☒ YES ☐ NO

20. Give name, title, and telephone number (include area code), and Internet e-mail address (if applicable) of person who can best handle inquiries pertaining to this application.

21. **APPLICANT ANTI-DRUG ABUSE CERTIFICATION:**

By checking "YES", the individual applicant certifies that he or she is eligible for this license. This requires that he or she is not subject to a denial of federal benefits, including FCC benefits, as a result of a drug offense conviction pursuant to Section 5301 of the Anti- Drug Abuse Act of 1988, 21 U.S.C. 862. A non- individual applicant, e.g., corporation, partnership or other unincorporated association, certifies that no party to the application is subject to a denial of federal benefits, pursuant to that section. For definition of a "party" for these purposes, see 47 CFR 1.2002(b).

☒ YES ☐ NO

22. List below all exhibits in numerical sequence and the item number of form requiring the exhibit identified.

EXHIBIT NUMBER	ITEM NO. OF FORM	EXHIBIT NUMBER	ITEM NO. OF FORM	EXHIBIT NUMBER	ITEM NO. OF FORM
1	10				

23 CERTIFICATION:

Attention: Read this certification carefully before signing this application.

THE APPLICANT CERTIFIES THAT:

(a) Copies of FCC Rule Parts 2 and 5 are on hand; and
(b) Adequate financial appropriations have been made to carry on the program of experimentation which will be conducted by qualified personnel; and
(c) All operations will be on an experimental basis in accordance with Part 5 and other applicable rules, and will be conducted in such a manner and at such a time as to preclude harmful interference to any authorized station; and
(d) Grant of the authorization requested herein will not be construed as a finding on the part of the Commission:
  (1) that the frequencies and other technical parameters specified in the authorization are the best suited for the proposed program of experimentation, and
  (2) that the applicant will be authorized to operate on any basis other than experimental, and
  (3) that the Commission is obligated by the results of the experimental program to make provision in its rules including its table of frequency allocations for applicant's type of operation on a regularly licensed basis.

APPLICANT CERTIFIES FURTHER THAT:

(e) All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant's knowledge; and
(f) The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and
(g) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the USA.

Signed and dated this _____ day of February, 19 99

Name of Applicant COMSAT Mobile Communications
(must correspond with name given on page 1)

By Lilanie Geiger L. Geiger
(print) (signature)

Title Manager Service Development

Check appropriate classification:

☐ Individual applicant ☐ Member of applicant partnership

☒ Authorized employee ☐ Office of applicant corporation or association

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)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974
AND THE PAPERWORK REDUCTION ACT OF 1980

Information requested through this form is authorized by the Communications Act of 1934, as amended, and specified by Section 808 therein. The information will be used by Federal Communications Commission staff to determine eligibility for issuing authorizations in the use of the frequency spectrum and to effect the provisions of regulatory responsibilities rendered by the Commission by the Act. Information requested by this form will be available to the public unless otherwise requested pursuant to 47 CFR 0.459 of the FCC Rules and Regulations. Your response is required to obtain this authorization.

Public reporting burden for this collection of information is estimated to average four (4) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0065), Washington, DC 20554. DO NOT send completed applications to this address. Individuals are not required to respond to this collection unless it displays a currently valid OMB control number.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

INMARSAT

Registration for service activation of Land Mobile Earth Station & Aero-C

RO use only ROcode | | | | |

Application number

Date Day Month Year

Customer's reference number

Sections 1-4 and 7 are to be completed by all customers.
Tick boxes as appropriate.
Please write in block capitals.

1 Your details (See note A)

Your name or the name of your organisation: COMSAT Mobile Communications

Address: 6560 Rock Spring Drive

Town/city: Bethesda State/province: Maryland

Post/ZIP code: 20817 Country: U.S.A.

Telephone: + Country code (1) - Area code (301) Telephone number (214-3432)

Facsimile: + Country code (1) - Area code (301) Facsimile number (214-7113)

Contact person: Lilanie Geiger

Title: Manager Service Development Department: Business Development

What is their telephone number and/or extension? + Country code ( ) - Area code ( ) Telephone number ( )

2 Paying the bill (See note B)

With whom have you arranged payment of calls for this MES? The Service Provider ☐ The Accounting Authority ☒

What is their Code? U S 0 1 If the Code is unknown, enter their name:

3 What type of Mobile Earth Station (MES) are you registering? (See note C)

Environment usage

- Land mobile ☒
- Land fixed ☐
- Aero-C ☐

The system

- Inmarsat-A ☐
- Inmarsat-B ☐
- Inmarsat-C ☒
- Inmarsat-M ☐
- Inmarsat-phone mini-M ☐
- Inmarsat Aero-C ☐

What will be the primary use of the MES?

Land mobile/Land fixed

- Government ☐
- Transport ☐
- Media ☐
- Security ☐
- Finance ☐
- Humanitarian and emergency ☐
- Construction ☐
- Mining ☐
- Agents ☐
- Tourism ☐
- Rental ☐
- Energy and resource management ☐
- Agriculture ☐
- Other ☒ please specify Test & Demo.

Aero-C

- Government ☐
- Private/corporate ☐
- Commercial ☐
- Other ☐ please specify

What will be the country of registry of this MES? U.S.A.

Mobile Earth Station (MES) manufacturer Trimble Mobile Earth Station (MES) model GalaxySentinel TNL800

4 What services are you applying for?

Inmarsat-A services (See note D)

Enter your Mobile Earth Station (MES) Serial number

Primary Inmarsat Mobile number (if known)

Privacy ☐ Voice ☐ Fax ☐ HSD ☐ DHSD ☐ Telex ☐ Telex answerback ☐☐☐☐

Secondary Inmarsat Mobile number (if known)

Privacy ☐ Voice ☐ Fax ☐ HSD ☐ DHSD ☐

Preferred service activation region Pacific ☐ Indian ☐ Atlantic East ☐ Atlantic West ☐

Preferred service activation LES: Preferred service activation date: (day/month/year)

Agent to conduct test: Country:

Telephone: + Country code ( ) - Area code ( ) Telephone number ( )

Facsimile: + Country code ( ) - Area code ( ) Facsimile number ( ) Go to Section 5

RO use only Type of test: Full ☐ Reduced ☐

Inmarsat-B services (See note E)

Enter your Inmarsat Serial number (ISN) 3☐☐☐☐☐☐☐☐☐☐

Tick only 1 service per row and Privacy if required

Number	Privacy	Voice	Fax	Data	HSD	Telex	Telex answerback	Service code	*RO use only* Inmarsat Mobile number
1	☐	☐	☐	☐	☐	☐	☐☐☐☐		
2	☐	☐	☐	☐	☐	☐	☐☐☐☐		
3	☐	☐	☐	☐	☐	☐	☐☐☐☐		
4	☐	☐	☐	☐	☐	☐	☐☐☐☐		
5	☐	☐	☐	☐	☐	☐	☐☐☐☐		

To enter more services, copy and complete this page as required, then go to Section 5

Inmarsat-M services (See note F)

Enter your Inmarsat Serial number (ISN) 6☐☐☐☐☐☐☐☐☐☐

Tick only 1 service per row and Privacy if required

Number	Privacy	Voice	Fax	Data	Service code	*RO use only* Inmarsat Mobile number
1	☐	☐	☐	☐		
2	☐	☐	☐	☐		
3	☐	☐	☐	☐		
4	☐	☐	☐	☐		

To enter more services, copy and complete this page as required, then go to Section 5

Inmarsat-phone mini-M and SIM card services (See note G)

Enter your Inmarsat serial number (ISN)

7 6☐☐☐☐☐☐☐☐☐☐

Service	Privacy	Service code	*RO use only* Inmarsat Mobile number
Voice	☐		
Fax	☐		
Data	☐		

Enter your SIM card serial number (SSN)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Service	Privacy	Service code	*RO use only* Inmarsat Mobile number
Voice	☐		
Fax	☐		
Data	☐		

Inmarsat-C and Aero-C services (See note H)

Enter your Mobile Earth Station (MES) Serial number
0200005033, 0200004876, 0200004871

RO use only

Privacy | Telex answerback | Inmarsat Mobile number

[X] | L I L A | | | | | | | | | |

Go to section 6

5 Multi-channel details (see Note I)

If you are NOT applying for a multi-channel or the Mobile Earth Station (MES) is not part of a multi-channel GO TO SECTION 6

If the Mobile Earth Station (MES) applied for is part of a multi-channel but is NOT the primary channel enter the required information below:

INMARSAT-A ONLY
Enter the Primary Inmarsat Mobile number of the primary channel | | | | | | | |

INMARSAT-B/M/Inmarsat-phone mini-M ONLY
Enter the Inmarsat Serial number of the primary channel | | | | | | | | | | | | |

If you are applying for more than one channel copy and complete Sections 4 and 5 for each MES that is part of this multi-channel application.

6 To be completed for Aero-C Mobile Earth Stations (MES) only (see Note J)

What is the aircraft's registration or tail number?

Fuselage/airframe number

In which country is the aircraft registered?

Type of aircraft

Name of model

7 Certification and agreement

I Lilanie - Geiger

the owner, have read and agree to comply with the 'Terms and Conditions for the use of the Inmarsat space segment' on the next page.

Signed

L. Geiger

Date

2/22/99

Terms and Conditions for utilization of the Inmarsat Space Segment by Mobile Earth Stations (MESs)

Article 1. Scope of Terms and Conditions

Subject to the Inmarsat Convention and Operating Agreement, and any further terms and conditions that Inmarsat may attach, these terms and conditions shall apply to the authorization made by Inmarsat to the Owner of the Mobile Earth Station (MES) described in the Service Activation Registration Form (SARF), with respect to the utilization of the Inmarsat Space Segment by the MES.

Article 2. Mobile Earth Station Performance, Criteria and Operations

(A) Authorization Subject to Compliance with Technical and Operating Requirements

(1) Throughout its utilization of the Inmarsat space segment, the MES shall comply with the criteria and performance standards to which it was type-approved by Inmarsat, and the MES Operator shall comply with the operating procedures notified by Inmarsat to the MES Owner and MES Operator at any time or times.

(2) The authorization to utilize the Inmarsat space segment shall be conditional upon such compliance. The MES Operator shall not utilize the Inmarsat space segment for any purpose or in any manner other than as specified in the SARF and in these Terms and Conditions, without the prior written consent of Inmarsat.

(B) Sanctions in the Case of Non-compliance

(1) Inmarsat shall be entitled, at any time or times, and with immediate effect, unilaterally to modify, restrict, suspend or terminate, temporarily or permanently, the authorization by notification to the MES Owner and MES Operator, if Inmarsat deems the MES or the MES Operator to not so comply, or to practise a utilization not so authorized, no matter what the cause or causes of such non-compliance or practice.

(2) Inmarsat shall also send a copy of the notification to the Routing Organization through which the MES Owner's application for service activation was forwarded to Inmarsat.

(3) Unless the authorization has been terminated, Inmarsat shall lift such modification, restriction or suspension, if it is demonstrated to Inmarsat's satisfaction that compliance has been resumed and will be maintained, or that such unauthorized practice has been and will be discontinued by the MES Operator.

(C) Suspension and Termination in Special Circumstances

(1) The authorization shall be deemed to be suspended during any period in which persistent malfunction or any operation of the MES that degrades the performance of the Inmarsat space segment occurs.

(2) The authorization shall be deemed to be terminated if any one of the following circumstances occurs:

(a) any change in the information contained in the SARF which would require a change in MES identity;

(b) significant modification or change to the MES;

(c) in the case of a ship earth station (SES) removal of the SES from the ship on which it has been authorized to operate.

(3) The MES Owner or MES Operator, as the case may be, shall notify Inmarsat promptly via the appropriate Routing Organization, of the events specified in paragraphs (1) and (2) above.

(D) Suspension for Non-Payment of Accounts and Other Causes

(1) Without prejudice to any of the other remedies and provisions of these Terms and Conditions or at law, Inmarsat and any or all of the land earth station (LES) Operators in the Inmarsat system may, individually or jointly, suspend the authorization due to non-payment of accounts for the telecommunications services provided by the LESs, unauthorized use of the MES, loss or theft of the MES, fraudulent abuse of or by the MES, other non-compliance with these Terms and Conditions, insolvency of the MES Owner or MES Operator or their designated entity responsible for payment of accounts, or any other reason established under the Inmarsat Barring Procedures in force at the relevant time. The suspension shall not restrict an SES in the transmission of a distress alert.

(2) Upon being satisfied that the causes of the suspension have been remedied, Inmarsat and the LESs Operators may lift the suspension.

(E) Compliance with National Regulations

In utilizing the Inmarsat space segment, the MES Owner and MES Operator shall comply with the regulations governing the use of radiocommunications in the territorial sea, the ports, or national territory of any State in which the MES is located at any time.

Article 3. Financial Obligations

The establishment of charges for the telecommunications services provided by the land earth stations (LESs) is the prerogative of the owner and/or operator of the LES. All accounts for telecommunications services via the LESs must be paid without delay. In the event of delayed payment, the LES Operators concerned may discontinue telecommunications services for the MES in default, except for the transmission of a distress alert, in accordance with Article 2(D) above.

Article 4. Telecommunications Disclaimer

(A) In this Article, "Inmarsat" means Inmarsat, its Parties, Signatories, their officers, employees, agents, the lessors, manufacturers and other providers of the Inmarsat space segment, or their assignees, or any of them.

(B) Inmarsat shall not be liable to the MES Owner, MES operator, MES user or any other person or entity for any claims arising out of property damage or personal injury including death arising in any manner and related to any unavailability, delay, interruption, disruption or degradation in or of the Inmarsat space segment capacity or modification, restriction, suspension or termination of the authorization, including suspension pursuant to Article 2(D), regardless of the cause or causes thereof. Such waiver of claims shall also extend to any indirect or consequential loss, damage liability or expense, or loss of revenue of business harm of any kind.

Article 5. Language and Communications

(A) These terms and conditions and all documentation and communications required thereunder shall be in the English language.

(B) All communications pertinent to the authorization or to these terms and conditions shall be made or confirmed, by telex, facsimile, data transmission or other written form. Communications by Inmarsat to the MES Owner and the Routing Organization shall be sent to its last known address and communications to the MES Operator shall be sent to the MES.

Article 6. Amendments

The terms and conditions as herein stated are subject to amendment by the Council of Inmarsat, such amendment to become effective upon the date specified by the Inmarsat Council, but not less than thirty (30) days after the date of notification of the amendment to the MES Owner, the MES Operator and the Routing Organization through which the MES Owner's application for authorization was forwarded to Inmarsat.

REQUEST FOR SPACE SEGMENT CAPACITY TO OPERATE INMARSAT TERMINALS FROM LAND-BASED LOCATIONS IN THE UNITED STATES

The Federal Communications Commission ("FCC") requires COMSAT Corporation ("COMSAT") to obtain authority prior to providing service to Inmarsat terminals operated from land-based (i.e., nonmaritime locations) within the United States. The FCC will only grant domestic service authority to COMSAT under certain circumstances. The FCC's determination is made on a case-by-case basis with regard to the specific facts of each request. For instance, the FCC has authorized COMSAT to provide space segment capacity in the United States where:

(1) the capacity is required to test and demonstrate the communications capabilities of an Inmarsat terminal to prospective customers;

(2) the performance of an Inmarsat terminal is to be tested prior to sending/taking it abroad;

(3) personnel are to be trained in the use of Inmarsat terminal(s) prior to being deployed abroad;

(4) an Inmarsat terminal is needed for emergency communications (either as backup communications or disaster relief); or

(5) an Inmarsat terminal is required to provide services from a remote location where no alternative means of communications is available.

Therefore, the following information is necessary for COMSAT to prepare its request for authority from the FCC to provide domestic Inmarsat space segment capacity to your terminal(s) in a timely manner. **The more specific and detailed the information you provide us about the intended use(s) of the terminal, the more likely it will be that COMSAT will be able to obtain timely FCC authorization to provide the services you need! Please feel free to attach additional pages if needed to answer questions fully.**

1. **Company's Name:** COMSAT Mobile Communications

2. **Company's Business:** Inmarsat Service Provider

3. **Who will operate the terminal?** COMSAT Mobile Comm.

4. **By what date do you need to operate the terminal in the U.S.?** ASAP
For how long? 24 months

Please indicate on page 3 your reasons for needing to use the terminal by the specified date.

5. **Will the same terminal also be used in one or more foreign countries or globally?**
Yes X **No** ___.

IF YES, please state on page 3 the country or countries involved, and how frequently you intend to use the terminal outside of the U.S.
South America: Countries unknown at this time
Asia: Hong Kong
Europe: Belgium and Africa

6. **Will the terminal be used for test and/or demonstration purposes?**
Yes X **No** ___.

IF YES, please indicate on page 3 where the test(s) or demonstration(s) will take place, their duration and whether (a) this is a test prior to sale, (b) this is a test after sale prior to use, (c) this is a demonstration to potential customers, (d) the terminal will be a part of a test or demo pool, or (e) other (please describe).

7. **Will the terminal be used to train your employees, customers, or other users?**
Yes X **No** ___.

IF YES, please explain on page 3 the nature, purpose, and duration of the training (indicating in particular whether the terminal will be used outside the U.S. or if personnel being trained will be deployed outside the U.S.):

8. **Will the terminal be used for emergency communications or in a remote location where no alternative means of communications exist? Yes** ___ **No** X.

IF YES, please describe on page 3 the nature of the emergency communication (if applicable), state the location, describe the communications service desired, and explain the reason(s) why existing means of communications, in particular those of the U.S. domestic mobile satellite service licensee (AMSC), are not available or are inadequate to meet your communications requirements:

9. **If the terminal is to be used for high speed data applications, please indicate the speed at which transmissions will be conducted:** N/A

10. **Does your use of the Inmarsat terminal relate to a U.S. Government contract?**
Yes ____ **No** X .

IF YES, please briefly describe below how the terminal will be used in fulfilling the government contract: _____

11. **If not otherwise provided above, state the purpose for which the terminal will be used in the United States:** Test and demonstration.

12. **You are required to obtain a separate FCC license before operating the terminal in the United States. Have you applied to the FCC for a license to operate the terminal?**
Yes X **No** ____.

IF YES, give the date you filed the license application: _____; or the grant date: _____. Please attach a copy of the terminal license application.

IF NO, please complete the enclosed FCC application form and return it with the other commissioning materials, or explain on page 3 why no additional FCC license is required.

Use the space below to provide any additional requested information:

_____

_____

_____

_____

_____

_____

Thank you for your assistance in providing us the above information.