EXHIBIT 1

FAIRFAX COUNTY FIRE & RESCUE DEPARTMENT
MEMORANDUM

TO: Whom It May Concern
ComSat

DATE: 29 March, 1994

FROM: BFC Mike Tamillow
US&R Program Coordinator

SUBJECT: Commissioning of Satellite Telephone

The enclosed application for is provided for commissioning of the Magnavox MX-2020 satellite telephone for our department. This satellite telephone has been purchased and will be used by our department's Urban Search & Rescue task force for large scale disaster response.

Our department has long term agreements with both the U.S. Office of Foreign Disaster Assistance (for international disaster response) and the Federal Emergency Management Agency (for domestic disaster response). The satellite telephone will address our long distance communications needs when the local infrastructure has been disrupted.

Thank you for your assistance in this process. Please contact me directly for any clarifications at (703) 591-0247.

c:\wpwin\mike\fxco-tf\cache\comsat.ltr

Inmarsat

Inmarsat-A Land-mobile earth station (LMES)
Commissioning Application Form
(Maritime users should use a Maritime Commissioning Application Form.)

Please type or write in BLOCK CAPITALS and forward this form to your national Routing Organization.
Explanatory notes are attached to assist you.

For RO to record ECS details:

RO Code:
(RO) Appl. No*:
Country Code*:
Appl Date:
Bus. Unit:
Usage Class:
Applicant Code:

Manuf. Code:

Channel No. 1:
Main IMN*:
Secondary IMN*:

Channel No. 2:
Main IMN*:
Secondary IMN*:

Channel No. 3:
Main IMN*:
Secondary IMN*:

Channel No. 4:
Main IMN*:
Secondary IMN*:

* *Code generated by the ECS*

SECTION A APPLICATION DETAILS

Routing Organization: ComSAT
Country of registration: USA
Usage of LMES: Mobile [X] **Fixed** [ ] *(See Notes for more information.)*

SECTION B APPLICANT DETAILS

Name: FAIRFAX COUNTY FIRE & RESCUE DEPT.
Address: 4100 CHAIN BRIDGE ROAD
Town: FAIRFAX
State: VA
Post/ZIP: 22030 **Country:** USA
Telphn: 703-246-2549 **Fax:** 703-273-4830
Telex:
Contact name: BATT CHIEF MIKE TAMILOW

SECTION C LMES EQUIPMENT DETAILS

Manufacturer: MAGNAVOX **Model:** MX 2020 CONFIG D
Serial Number: TBD **Antenna size (m):** .89 m

SECTION D CHANNEL DETAILS

Enter Y or N as appropriate for the number of channels required
(Ch2 to Ch4 available only on multi-channel LMESs):

	Ch 1	Ch 2	Ch 3	Ch 4
Main I/D:				
Privacy Y/N* :	N			
4-letter ansbk:	FXCO			
SERVICES Voice:	Y			
Telex:	Y			
HSD:	N			
DHSD:	N			
Other *(specify)*:	FACIMILE			
2nd I/D Y/N:	Y			
SERVICES Voice:	Y			
HSD:	N			
DHSD:	N			
Other *(specify)*:	FACIMILE			

* *Insert Y if the IMN is not to be published in the Inmarsat directory.*

For RO to record ECS details:

SECTION E INSTALLATION DETAILS

Note:

The use of an Inmarsat transportable land-mobile earth station in a maritime environment is not permitted under the Terms and Conditions for the utilization of the Inmarsat Space Segment, as it is not type-approved for a maritime environment, and is incapable of generating priority 3 distress alerts.

Installn. Code*:
Category Code *(3 letters)*:

Installation name: LAN (MOB) FXCO
Installation category *(3 letters, see Notes)*: MOB
National Licensing Authority: COMSAT

*For **fixed installations**, complete the following section.*
Location: _____
Intended use: _____

In the fixed installation, indicate how the ship earth station will be operated:
Attended ☐ **Unattended** ☒

SECTION F ACCOUNTING and BILLING DETAILS

Acc. Authority Code:

Acctg. Auth. Name *(must be supplied)*: FAIRFAX COUNTY FIRE & RESCUE DEPT.
Contact Name *(if known)*: RESOURCE MANAGEMENT (LT. DEAN COX)
Address: 4100 CHAIN BRIDGE RD 6TH FLOOR
Town: FAIRFAX
State: VIRGINIA **Post/ZIP:** 22030
Country: USA **Telex:** _____
Telphn: 703-246-3952 **Fax:** 703-246-3988

Billing Entity Code:

BILLING ENTITY *(optional)*: _____
Contact name *(if known)*: _____
Address: _____
Town: _____
State: _____ **Post/ZIP:** _____
Country: _____ **Telex:** _____
Telphn: _____ **Fax:** _____

CREDIT/CHARGE CARD:
Card type: _____ **Number:** _____
Card holder: _____
Expiry date *(MM/YY)*: _____

* *Code generated by the ECS*

LMA/20May92

For RO to record ECS details:

Inst. Owner Code*:

MES Licensee Code*:

Inst. Manager Code*:

Commng. LES Code:

Commng. Agent Code:

* *Code generated by the ECS*

SECTION G OWNER/LICENSEE/MANAGER DETAILS

INSTALLATION OWNER *(if not completed, RO may assume Applicant to be Owner)*:
FAIRFAX COUNTY FIRE & RESCUE DEPT.
Address: 4100 CHAIN BRIDGE RD
Town: FAIRFAX **State:** VA
Post/ZIP: 22030 **Country:** USA
Telphn: 703-246-2549 **Fax:** 703-273-4830
Telex:
Contact name: BATT CHIEF MIKE TAMILLOW

INSTALLATION LICENSEE *(if not completed, RO may assume Applicant to be Licensee)*:
FAIRFAX CO FIRE & RESCUE
Address:
Town: -SAME- **State:**
Post/ZIP: **Country:**
Telphn: **Fax:**
Telex:
Contact name: BATT CHIEF MIKE TAMILLOW

INSTALLATION MANAGER *(if not completed, RO may assume Applicant to be Manager)*:
FAIRFAX CO FIRE & RESCUE
Address:
Town: -SAME- **State:**
Post/ZIP: **Country:**
Telphn: **Fax:**
Telex:
Contact name: BATT CHIEF MIKE TAMILLOW

SECTION H COMMISSIONING DETAILS

COMMISSIONING LES PREFERRED: SOUTHBURY, CONN

COMMISSIONING DATE PREFERRED: *(DD/MM/YY) (please allow at least 7 days from date of sending this form to your RO)*: FEB 25, 94

COMMISSIONING SITE/OCEAN REGION: DEERPARK NEW YORK

COMMISSIONING AGENT: MAGNAVOX NAV-COM INC.
Address: 9 BRANDYWINE DRIVE
Town: DEERPARK **State:** NY
Post/ZIP: 11729 **Country:** USA
Telphn: 516-667-7710 **Fax:** 516-667-2235
Telex: 645744 NAVCOM
Contact name: ALEX CUTRONE / TONY CASTALDY

CERTIFICATION and AGREEMENT

The Applicant agrees to comply with the attached Terms and Conditions for the utilization of the Inmarsat space segment applicable to the land-mobile earth station (LMES) described in this Application.

Applicant Name *(please print)*: BFC MICHAEL TAMILLOW

Signature: BFC M Tamillow **Date** *(dd/mm/yy)*: 22 FEB 1994

The Routing Organization:

a) declares that it has received from the Applicant the Commissioning Application Form duly completed and signed by the Applicant, *and*

b) agrees, pursuant to Article XIV of the Inmarsat Operating Agreement, and in consideration of Inmarsat accepting this Application, *either* in paper form, *or* in electronic form (magnetic media or direct electronic data transfer), to be responsible to Inmarsat for compliance by the LMES with all national and applicable international regulations governing the licensing, installation, operation and use of the LMES, and with all aforesaid Terms and Conditions.

R.O. Rep. Name *(please print)*:

Signature: **Date** *(dd/mm/yy)*: