

**FCC 312**

Main Form

**FEDERAL COMMUNICATIONS COMMISSION****APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS**Approved by OMB  
3060-0678  
Est. Act. Burden Hours  
Per Response: 11 Hrs.FCC Use Only  
File Number:

Call Sign:

Fee Number:

**APPLICANT INFORMATION**

|                                                                                            |  |                                                                  |  |
|--------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| 1. Legal Name of Applicant<br><b>Globecom Systems, Inc.</b>                                |  | 2. Voice Telephone Number<br><b>(631) 231 - 9800</b>             |  |
| 3. Other Name Used for Doing Business (if any)                                             |  | 4. Fax Telephone Number<br><b>(631) 231 - 1557</b>               |  |
| 5. Mailing Street Address or P.O. Box<br><br><b>45 Oser Avenue</b>                         |  | 6. City<br><br><b>Hauppauge</b>                                  |  |
| ATTENTION: <b>GERRY JOHNSTON SR.</b>                                                       |  | 7. State/Country (if not U.S.A.)<br><b>New York</b>              |  |
| 8. Zip Code<br><b>11788 - 3816</b>                                                         |  |                                                                  |  |
| 9. Name of Contact Representative (If other than applicant)<br><b>Michelle McClure</b>     |  | 10. Voice Telephone Number<br><b>(202) 728 - 0400</b>            |  |
| 11. Firm or Company Name<br><b>Irwin, Campbell, and Tannenwald, P.C.</b>                   |  | 12. Fax Telephone Number<br><b>(202) 728 - 0354</b>              |  |
| 13. Mailing Street Address or P.O. Box<br><b>1730 Rhode Island Avenue, N.W., Suite 200</b> |  | 14. City<br><b>Washington</b>                                    |  |
| ATTENTION:                                                                                 |  | 15. State/Country (if not U.S.A.)<br><b>District of Columbia</b> |  |
|                                                                                            |  | 16. Zip Code<br><b>20036 - 3101</b>                              |  |

**CLASSIFICATION OF FILING**

|                                                                                                                                                                     |                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 17. Place an "X" in the box next to the classification that applied to this filing for both questions a. and b. Mark only one box for 17a and only one box for 17b. |                                                                                                                                     |
| <input checked="" type="checkbox"/> a1. Earth Station                                                                                                               | <input type="checkbox"/> b1. Application for License of New Station                                                                 |
| <input type="checkbox"/> a2. Space Station                                                                                                                          | <input type="checkbox"/> b2. Notification of Minor Modification                                                                     |
|                                                                                                                                                                     | <input type="checkbox"/> b3. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite                  |
|                                                                                                                                                                     | <input type="checkbox"/> b4. Amendment to a Pending Application                                                                     |
|                                                                                                                                                                     | <input type="checkbox"/> b5. Modification of License or Registration                                                                |
|                                                                                                                                                                     | <input type="checkbox"/> b6. Assignment of License or Registration                                                                  |
|                                                                                                                                                                     | <input checked="" type="checkbox"/> b7. Letter of Intent to Use Non-U.S. Licensed Satellite to provide Service in the United States |
|                                                                                                                                                                     | <input type="checkbox"/> b8. Other (Please Specify): <u>Special Temporary Authority</u>                                             |

|                                                                                            |                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. If this filing is in reference to an existing station, enter:<br>Call sign of station: | 19. If this filing is an amendment to a pending application enter:<br>(a) Date pending application was filed: _____<br>(b) File number of pending application: _____ |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### TYPE OF SERVICE

|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Place an "X" in the box(es) next to all that apply.                                                                                                                                                    |                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="checkbox"/> a. Fixed Satellite<br><input type="checkbox"/> b. Mobile Satellite                                                                                                                                                                                                                   | <input type="checkbox"/> c. Radiodetermination Satellite<br><input type="checkbox"/> d. Earth Exploration Satellite<br><input type="checkbox"/> e. Direct to Home Fixed Satellite<br><input type="checkbox"/> f. Digital Audio Radio Service<br><input type="checkbox"/> g. Other (Please Specify) _____ |
| 21. STATUS:                                                                                                                                                                                                                                                                                                              | 22. If earth station applicant, place an "X" in the box(es) next to all that apply.                                                                                                                                                                                                                      |
| <input type="checkbox"/> a. Common Carrier<br><input checked="" type="checkbox"/> b. Non-Common Carrier                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> a. Using U.S. licensed satellites<br><input checked="" type="checkbox"/> b. Using Non-U.S. licensed satellites                                                                                                                                                       |
| 23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Mark only one box. Are these facilities:<br><input type="checkbox"/> a. Connected to the Public Switched Network<br><input checked="" type="checkbox"/> b. Not connected to the Public Switched Network |                                                                                                                                                                                                                                                                                                          |
| 24. FREQUENCY BAND(S): Place and "X" in the box(es) next to all applicable frequency band(s).<br><input type="checkbox"/> a. C-Band (4/6 GHz)<br><input checked="" type="checkbox"/> b. Ku-Band (12/14 GHz)<br><input type="checkbox"/> c. Other (please specify) _____                                                  |                                                                                                                                                                                                                                                                                                          |

### TYPE OF STATION

|                                                                                                                                                  |                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25. CLASS OF STATION: Place an "X" in the box next to the class of station that applies. Mark only one box.                                      |                                                                                                                                                                                                          |
| <input type="checkbox"/> a. Fixed Earth Station<br><input checked="" type="checkbox"/> b. Temporary-Fixed Earth Station                          | <input type="checkbox"/> c. 12/14 GHz VSAT Network<br><input type="checkbox"/> d. Mobile Earth Station<br><input type="checkbox"/> e. Space Station<br><input type="checkbox"/> f. Other (Specify) _____ |
| If space station applicant, go to Question 27.                                                                                                   |                                                                                                                                                                                                          |
| 26. TYPE OF EARTH STATION FACILITY Mark only one box.                                                                                            |                                                                                                                                                                                                          |
| <input checked="" type="checkbox"/> a. Transmit/Receive<br><input type="checkbox"/> b. Transmit-Only<br><input type="checkbox"/> c. Receive-Only |                                                                                                                                                                                                          |

### PURPOSE OF MODIFICATION OR AMENDMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27. The purpose of this proposed modification or amendment is to: Place and "X" in the box(es) next to all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> a - authorization to add new emission designator and related service<br><input type="checkbox"/> b - authorization to change emission designator and related service<br><input type="checkbox"/> c - authorization to increase EIRP and EIRP density<br><input type="checkbox"/> d - authorization to replace antenna<br><input type="checkbox"/> e - authorization to add antenna<br><input type="checkbox"/> f - authorization to relocate fixed station<br><input type="checkbox"/> g - authorization to change assigned frequency(ies)<br><input type="checkbox"/> h - authorization to add Points of Communication (satellites & countries)<br><input type="checkbox"/> i - authorization to change Points of Communication (satellites & countries)<br><input type="checkbox"/> j - authorization for facilities for which environmental assessment and radiation hazard reporting is required |

☐ k - Other (Please Specify)

## ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.1308 and 1.1311, as an exhibit to this application.

☐ YES ☒ NO

A Radiation Hazard Study must accompany all applications as an exhibit for new transmitting facilities, major modifications, or amendments. Refer to OET Bulletin 65.

## ALIEN OWNERSHIP

29. Is the applicant a foreign government or the representative of any foreign government?

☐ YES ☒ NO

30. Is the applicant an alien or the representative of an alien?

☐ YES ☒ NO

31. Is the applicant a corporation organized under the laws of any foreign government?

☐ YES ☒ NO

32. Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof under the laws of a foreign country?

☐ YES ☒ NO

33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?

☐ YES ☒ NO

34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit, the identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.

## BASIC QUALIFICATIONS

35. Does the applicant request any waivers or exemptions from any of the Commission's Rules?

If Yes, attach as an exhibit, copies of the requests for waivers or exception with supporting documents.

☐ YES ☒ NO

36. Has the applicant or any party to this application had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explanation of the circumstances.

☐ YES ☒ NO

37. Has the applicant, or any party to this application, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal Court? If Yes, attach as an exhibit, an explanation of the circumstances

☐ YES ☒ NO

38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radios apparatus, exclusive traffic arrangement or any other mean or unfair method of competition? If Yes, attach as an exhibit, an explanation of the circumstances.

☐ YES ☒ NO

39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If Yes, attach as an exhibit, an explanation of the circumstances.

☐ YES ☒ NO

40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, addresses, and citizenship of those stockholders owing of record and/or voting 10 percent or more of the Filer's voting stock and the percentages so help. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.

41. By checking Yes, the undersigned certifies, that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 or the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.

☒ YES ☒ NO

42a. Does the applicant intend to use a non-U.S. Licensed satellite to provide service in the United States?  
If yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R § 25.137, as appropriate.  
If no, proceed to question 43.

☐ YES ☒ NO

42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station?

43. Description. (Summarize the nature of the application and the services to be provided).

Globecom Systems, Inc., seeks a Special Temporary Authority (STA) for 90 days so that they can demonstrate new technology at various exhibits for Emergency Response and Homeland Security Organizations. The first exhibit is in Tampa, Florida from June 6-9<sup>th</sup>. The earth station will transmit a digital data carrier for the demonstrations. The Globecom Systems Inc. Ku-band terminal uses an AVL Technologies, Model 9066K antenna with a dimension of 90 x 66 cm (an equivalent aperture of 0.75 meters).

| Exhibit No. | Identify all exhibits that are attached to this application. |
|-------------|--------------------------------------------------------------|
| A           | Radiation Hazard Study                                       |
| B           | Non-Compliant Antenna Statement                              |
| C           | Affidavit Letter                                             |
| D           | Antenna Pattern                                              |
|             |                                                              |
|             |                                                              |
|             |                                                              |
|             |                                                              |

### CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Place an "X" in the box next to applicable response.)

☐ a. Individual ☐ b. Unincorporated Association ☒ c. Partnership ☐ d. Corporation ☐ e. Governmental Entity ☐ f. Other (Please specify) \_\_\_\_\_

|                                                                                                                                                                                                                                                                           |  |                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|
| 45. Typed Name of Person Signing<br>Kenneth A. Miller                                                                                                                                                                                                                     |  | 46. Title of Person Signing<br>President |  |
| 47. Signature<br>                                                                                                                                                                      |  | 48. Date<br>5/12/05                      |  |
| 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 AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). |  |                                          |  |