



Mission Research Corporation

1720 RANDOLPH ROAD, SE
ALBUQUERQUE
NEW MEXICO 87106-4245
(505) 768-7600

ALBUQUERQUE

23, August 1994

Subject: Statement of intent for the
Licensing for two INMARSAT MX2020P terminals

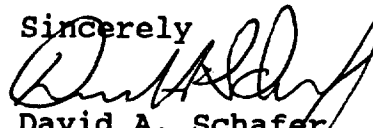
To Whom it may concern,

Mission Research Corporation was founded in 1970. At that time MRC's primary focus was in ElectroMagnetic Phenomena. Since that time MRC has provided consulting services in areas ranging from high power microwave sources and effects to micro-electronics to space and atmospheric physics. In the areas of space and atmospheric physics and electromagnetic phenomenology MRC has been a leader in computer modeling and simulation as well as the design and fabrication of simulation test sets for satellite communication links. In this regard MRC has been contracted by the Phillips Laboratories located at Kirtland AFB New Mexico to evaluate the performance of INMARSAT terminals in various electromagnetic environments. Since the INMARSAT is a candidate link for several of their programs it is imperative that fully operational links be evaluated under normal operating conditions.

The use of the two links applied for in the attached application is strictly an evaluation effort of the INMARSAT communication link. The links will be collocated at a laboratory facility on Kirtland AFB. The longitude and latitude have been provided in FCC form 442 page 2. This will be the only location for the units.

Should you have any questions regarding this matter please contact the under signed at 505-768-7684.

Sincerely



David A. Schafer
Project Manager

***Inmarsat***

(Maritime users should use a Maritime Commissioning Application Form.)

For RO to record ECS details:

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

Routing Organization: _____
Country of registration: USA
Usage of LMES: Mobile ☒ Fixed ☐ (See Notes for more information.)

Name: Mission Research Corporation
Address: 1720 Randolph Rd. S.E.
Town: Albuquerque
State: N.M.
Post/ZIP: 87106 Country: USA
Telphn: 505-7687600 Fax: 505-7687601
Telex: _____
Contact name: David A. Schafer

Manufacturer: Magnavox Model: MAGNAPhone MX 2020P
Serial Number: 1931 Antenna size (m): .89 m

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

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

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

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

** Specify a 4-character answerback code (ALPHA ONLY)

For RO to record ECS details:

Installn. Code*:

Category Code (3 letters):

Acc. Authority Code:

Billing Entity Code:

* Code generated by the ECS

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.

Installation name: Phillips LaboratoryInstallation category (3 letters, see Notes): MOB

National Licensing Authority: _____

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

Acctg. Auth. Name (must be supplied): Mission Research Corporation

Contact Name (if known): _____

Address: 1720 Randolph Rd. S.E.State: N.M.Country: USATelphn: 505-7687600Town: AlbuquerquePost/ZIP: 87106

Telex: _____

Fax: 505-7687601

BILLING ENTITY (optional): _____

Contact name (if known): _____

Address: _____

State: _____

Country: _____

Telphn: _____

Town: _____

Post/ZIP: _____

Telex: _____

Fax: _____

CREDIT/CHARGE CARD:

Card type: _____ Number: _____

Card holder: _____

Expiry date (MM/YY): _____

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):

Address: _____
Town: _____ State: _____
Post/ZIP: _____ Country: _____
Telphn: _____ Fax: _____
Telex: _____
Contact name: _____

INSTALLATION LICENSEE (if not completed, RO may assume Applicant to be Licensee):

Address: _____
Town: _____ State: _____
Post/ZIP: _____ Country: _____
Telphn: _____ Fax: _____
Telex: _____
Contact name: _____

INSTALLATION MANAGER (if not completed, RO may assume Applicant to be Manager):

Address: _____
Town: _____ State: _____
Post/ZIP: _____ Country: _____
Telphn: _____ Fax: _____
Telex: _____
Contact name: _____

SECTION H COMMISSIONING DETAILS

COMMISSIONING LES PREFERRED: Southbury, CT

COMMISSIONING DATE PREFERRED: (DDMM/YY) (please allow
at least 7 days from date of sending this form to your RO) : T B D

COMMISSIONING SITE/OCEAN REGION: AOR-W

COMMISSIONING AGENT: Magnavox

Address: 9 Brandywine Drive
Town: Deer Park State: NY
Post/ZIP: 11729 Country: USA
Telphn: 516-667-7710 Fax: 516-667-2235
Telex: _____
Contact name: Chris Baumgartner

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): _____

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

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): _____