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New York, NY 10112
212 664-4721/4722
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Fax: 212 956-2140

A Division of
National Broadcasting
Company, Inc.

David M. Grodsky
Manager
Satellite Technology



EXHIBIT #1, REF ITEM #10, FORM 442

Mr. Frank Wright
Frequency Liaison Branch
Office of Engineering & Technology
Federal Communications Commission
Room 7322
2025 M Street, NW
Washington, D.C. 20554

September 3, 1992

Copy:

Ms. Geri Robinson
Comsat Mobile Communications
950 L'Enfant Plaza, SW
Washington, D.C. 20024

Dear Mr. Wright,

Please find attached the completed FCC Form 442 for approval of an NBC-owned LAN MOB terminal for use by NBC News on the INMARSAT system for voice communications.

As a news organization, it is one of our primary missions to establish reliable and extended voice communications links when conventional means of same are made unavailable. Disruptions to standard means of telephony, either natural or man-made can be surmounted by taking advantage of the INMARSAT system. There may also be situations where such communications must be established in remote areas where no conventional means are available.

NBC News' primary intent in deployment of these terminals is to report on events surrounding above mentioned disasters; secondary use would be for logistical communications in the NBC infrastructure, i.e., coordination of newscoverage resources where alternative communications are not available.

Sincerely,

David M. Grodsky

A handwritten signature in dark ink, appearing to read "David M. Grodsky", written over the printed name.


Inmarsat

Inmarsat-A Land Mobile Earth Station Commissioning Application Form

Maritime users should obtain the Maritime Commissioning Application Form.

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

Do not fill in the shaded areas.

RO Office use only.

RO

Appl No.

Country

Date

Use

Bus Unit

App.

LMES Mfr.

Channel No. 1:

BMN 1:

BMN 2:

Channel No. 2:

BMN 1:

BMN 2:

Channel No. 3:

BMN 1:

BMN 2:

Channel No. 4:

BMN 1:

BMN 2:

SECTION A APPLICATION DETAILS

Routing Organization: COMSAT

Country (of registration): USA

Usage of LMES: Mobile ☒ Fixed ☐

SECTION B APPLICANT DETAILS

Name: NATIONAL BROADCASTING CO.

Address: 30 ROCKEFELLER PLAZA
NY NY

Post Zip: 10112 Tlx: 414762 NBC ICR
Tel: (212) 664-4721 Fax: (212) 664-4048

SECTION C LMES EQUIPMENT DETAILS

Manufacturer: M.T.I. Model: TCS-9200

Serial Number: _____ Antenna size (m): 1.5

(SERIAL NO. WILL BE ISSUED UPON COMMISSIONING)

SECTION D CHANNEL DETAILS

Enter Y or N as appropriate for the number of channels required:

	Ch 1	Ch 2	Ch 3	Ch 4
Main ID:				
Privacy Y/N:	<u>N</u>			
Voice:	<u>Y</u>			
Telex:	<u>N</u>			
Answerback:	<u>N</u>			
HSD:	<u>N</u>			
DHSD:	<u>N</u>			
Other (specify):				
2nd ID Y/N:	<u>Y</u>			
Privacy Y/N:	<u>N</u>			
Voice:	<u>Y</u>			
HSD:	<u>N</u>			
DHSD:	<u>N</u>			
Other (specify):				

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.

Do not fill in the shaded areas

NO Office use only:

Install code:

Category code:

For both mobile and fixed applications, please complete:

Installation name: LITE 4

Installation category: LAN MOB

National Licensing Authority: FCC

For fixed installations, please also complete the following:

Location: _____

Intended use: _____

and indicate how the LMES will be operated:

Attended: ☒ Unattended: ☐

SECTION F ACCOUNTING and BILLING DETAILS

Accounting Authority (mandatory): US-01

Address: _____

Post/Zip: _____ Tlx: _____

Tel: _____ Fax: _____

Billing Entity (optional): NBC NEWS

Address: 30 ROCKEFELLER PLAZA

ROOM 333 / ATTN: D. GRODSKY

NY NY

Post/Zip: 10112 Tlx: 414762 NBCI CR

Tel: (212) 664-4721 Fax: (212) 664-4048

CREDIT/CHARGE CARD:

Card type: _____ Expiry date: _____

Card number: _____

Name (on card): _____

Acctg Auth:

Billing Entity

Credit/charge card

SECTION G OWNER/LICENSEE/MANAGER DETAILS

Do not fill in the shaded areas.

RO Office use only:

Instal. Owner:

INSTALLATION OWNER: NATIONAL BROADCASTING CO.
 Address: 30 ROCKEFELLER PLAZA
RM 333

Post/Zip: 10112 Tlx: 414762 NBCICR
 Tel: (212) 664-4721 Fax: (212) 664-4048

Instal. Licensee:

INSTALLATION LICENSEE: SAME AS INSTALLATION OWNER
 Address: _____

Post/Zip: _____ Tlx: _____
 Tel: _____ Fax: _____

Instal. Mgr:

INSTALLATION MANAGER: DAVID M. GRODSKY
 Address: SAME AS INSTALLATION OWNER

Post/Zip: _____ Tlx: _____
 Tel: _____ Fax: _____

SECTION H COMMISSIONING DETAILS

Comm. LES:

COMMISSIONING LES: SOUTHBURY
 Comm. Date: 9/15/92 Comm. Site: MOBILE TELESYSTEMS
CATHERSBURG, MD.

Comm. Agent:

COMMISSIONING AGENT: MOBILE TELESYSTEMS
 Address: 300 PROFESSIONAL DRIVE
CATHERSBURG, MD.

Post/Zip: 20879 Tlx: 901885
 Tel: (301) 590-8500 Fax: (301) 590-8558

CERTIFICATION and AGREEMENT

The Applicant agrees to comply with the attached Terms and Conditions for the utilization of the Inmarsat space segment by the land-mobile earth station (LMES) described in this Application, and the Routing Organization agrees, pursuant to Article XIV(3) of the Inmarsat Operating Agreement, to be responsible to Inmarsat for such compliance by the LMES.

Applicant Name: NBC Signature: David M. Grodsky Date: 9/3/92

R.O. Rep. Name: _____ Signature: _____ Date: _____