REQUEST FOR SPACE SEGMENT TO BE USED WITH LAND-BASED SES TERMINALS

The Federal Communications Commission (FCC) requires COMSAT Mobile Communications to obtain authorization for providing space segment to be used in providing services via land-based ship earth station terminals. The FCC will authorize COMSAT to provide space segment for such services only under certain conditions. The FCC will approve temporary limited use of such stations only where no other means of communications are available such as in the case of emergency situations resulting from disasters or where these terminals are the only adequate means of meeting urgent communications requirements in remote locations. In order to enable us to obtain FCC authorization, the following information is required.

Applicant: NATIONAL RESPONSE CORP.

Brief description of applicant's business:

See ATTACHED

Ultimate user of terminal: NATIONAL RESPONSE CORP.

Who will operate the terminal?: WATCHSTANDERS (RAY McCOY, BILL RICE, DAVE WICKERSHAM, JOHN SWEENEY).

Where will the terminal be operated? NATIONAL RESPONSE CORP - NATIONAL OPERATIONS CENTER - 446 EDWARDS AVE CALVERTON NY 11933

Explain the services for which the terminal will be used and why no other means of communications are available:

See ATTACHED

What is the required timeframe for use of the terminal for this service? AS NEEDED FOR 24HR/day 365day/YR OPERATION

Have you obtained authorization from the FCC (commercial applicants) or NTIA (USG applicants) for ground segment use of the terminal? Please provide authorization date or date the authorization request was submitted. SUBMITTED 7/23/93

**(NOTE) - Customers are to be informed that they are responsible for filing with the FCC' Office of Engineering Technology an experimental license form (Form 442) which is the procedure the FCC follows for these TAs. This applies to all Land-Based terminals for domestic (U.S.) only.

inmarsat-M

land mobile earth station (LMES) 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

Do not fill in the area below
RO Office Use Only
RO may use this space for recording codes selected while using the RO ECS

RO Code:

Ctry:

Usage:

Applicant:

Owner:

Licensee:

SECTION A APPLICATION DETAILS

Routing organization: COMSAT
Country of registry: U.S.A.

LMES use - please tick only one type of use:
mobile __ fixed ✓ portable __ transportable __
(see section D for installation details which should correspond)

Transaction required - please tick only one transaction type:
(a) ✓ initial LMES commissioning
(b) ____ additional channel in a multi-channel LMES.
for additional channels supply primary (first voice) IMN of primary channel: _____
(c) ____ additional end terminal
(e.g. telephone, fax for addition to existing LMES)

SECTION B APPLICANT DETAILS

APPLICANT
Company Name: NATIONAL Response CORP.
Contact Name: RAY McCOY
Address: 446 EDWARDS Ave P.O. Box 609
CALVERTON, N.Y.

Post/Zip: 11933 Tel. No. 516-369-8644
Tlx: 4961738Ø Fax: 516-369-8655

OWNER
If different from applicant name and address:
Company Name: SAME AS APPLICANT
Contact Name: _____
Address: _____

Post/Zip: _____ Tel. No. _____
Tlx: _____ Fax _____

LICENSEE
If different from applicant name and address:
Name: SAME AS APPLICANT
Contact Name: _____
Address: _____

Post/Zip: _____ Tel. No. _____
Tlx: _____ Fax: _____

Do not fill in the area below
RO Office Use Only

Use:

Industry:

AAIC:

BE:

SECTION B continued - USER INFORMATION

Please tick only **one** box in **each** column:

type of use or vehicle:

- ___ remote data collection/control
- ✓ business/office communications
- ___ truck > 10t
- ___ truck < 10t
- ___ coach/bus
- ___ car
- ___ rail operations
- ___ rail passenger use
- ___ inland waterways
- ___ test and demonstration
- ___ education
- ___ other

Industry:

- ___ transport/distribution
- ___ media
- ___ telecommunications
- ___ financial sector
- ___ government
- ___ lease/hire
- ___ natural resource mgmnt
- ___ construction/mining
- ___ police/fire/ambulance
- ___ fuel/power industries
- ___ disaster relief
- ___ electronics
- ✓ other OIL SPILL Response ORGANIZATION

SECTION C ACCOUNTING AND BILLING DETAILS

ACCOUNTING AUTHORITY (Mandatory):
Name: FCC
Code: US01

BILLING ENTITY (Optional):
Name: NATIONAL Response Corp.
Address: 446 EDWARDS Ave P.O. Box 609
CALVERTON N.Y
Town: CALVERTON Post/Zip: 11933
Country: USA Tel: 516-369-8644
Tlx: 49617380 Fax: 516-369-8655

CREDIT/CHARGE CARD:
Card Type: ___ Number: ___
Card Holder: ___
Expiry Date(mm/yy): ___

SECTION D INSTALLATION DETAILS

Complete only one of the following three parts - print or tick as appropriate

Part 1 : MOBILE INSTALLATIONS (on a vehicle):
Vehicle registration number ___
Country of registration ___

Part 2 : FIXED INSTALLATIONS:
Location: CALVERTON, New York
Country: USA
Usage: Attended: ✓ Unattended: ___
Part of a fixed group: Yes: ___ No: ✓

Part 3 : PORTABLE or TRANSPORTABLE TERMINALS:
Will the portable or transportable be used internationally:
Yes: ___ No: ___

SECTION E PRIMARY CHANNEL SERVICE & EQUIPMENT DETAILS (maximum 6 end-terminals)

Items a, b and c are mandatory. There is no need to identify facsimile equipment which will switch with voice equipment. Please use the last page of this form (Section G) for primary channels with more than 6 end-terminals and for all applications for additional (secondary) channels and/or additional end-terminals for existing LMESs.

A. FOR SINGLE LMES OR PRIMARY CHANNEL ONLY:

a Manufacturer: SCIENTIFIC-ATLANTA INC

b Model: 9821 MARISTAR-M MARITIME SATCOM TERMINAL

c Inmarsat Serial No: 6 5 C 0 0 2 D 0 5 2 5 8
(should not include dots dashes or spaces)

Do not fill in area below RO Office Use Only

d Software Revision No: ✓1.04 / V5.7

e Credit Card option required? (Y/N): NO

f Antenna Size: 24" x 26 3/4"

INMARSAT MOBILE NUMBER RO to supply one IMN for each specified end-terminal	SERVICES (use free lines for additional end-terminals - please name the required service for each)	Tick once for each end terminal for named services	PRIVACY INDICATOR (Y/N)
	VOICE	✓	NO
	FAX	✓	NO
	DATA	✓	NO

Do not fill in the area below RO Office Use Only

SECTION F COMMISSIONING LES DETAILS

Commissioning LES Preferred: SOUTBURY

Commissioning Date (dd/mm/yy): 29/07/93

Commissioning Site/Ocean Region: AOR

Commissioning Agent: RAYTHEON Service Co. (TONY YARNELL)

Address: 7886 BROWNING ROAD
CHERRY HILL N.J.

Town: _____ Post/Zip: 08109

Country: _____ Tel. No: 609-662-4322

Tlx: _____ Fax: 609-662-0758

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, 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.

PRINT Applicant Name: RAYMOND McCOY

Signature: Raymond McCoy **Date:** 7/23/93

PRINT RO Rep. Name: _____

Signature: _____ **Date:** _____