FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

APPROVED BY OMB
3060-0065
Expires 12/31/95

APPLICATION FOR NEW OR MODIFIED RADIO STATION AUTHORIZATION UNDER PART 5 OF FCC RULES - EXPERIMENTAL RADIO SERVICE (OTHER THAN BROADCAST)

1. Applicant's Name and Post Office address (Street address, city, state, and ZIP Code. See Instruction No. 4)

TEXACO Inc
P.O. Box 509
BEACON, NY 12508-0509

DO NOT WRITE IN THIS BLOCK
File No.
5001-EX-PL-95

2(a). Application for (check only one box)

☑ New station ☐ Modification of existing authorization

2(b). For Modification indicate below:

File No: Call Sign:

pplication for modification indicate whether change is an addition or replacement of (check all that apply)

☐ FREQUENCY ☐ EMISSION ☐ POWER ☐ LOCATION

☐ OTHER PARTICULARS (describe below or in attached EXHIBIT No. _____)

4. Particulars of Operation (see instruction below)

Frequency (state whether kHz or MHz) (A)	POWER (B)	(C)	(D)	EMISSION (E)	MODULATING SIGNAL (F)	NECESSARY BANDWIDTH (KHz) (G)
1626.5	4 WATT	25 DW	PEAK	VOICE	8 KHPS	10 KHz
1660.5 MHz				GROUP 3 FAX	2400 BPS	
TX				DATA	2400 BPS	

(A) List each frequency or frequency band separately. (If more space is required, attach as EXHIBIT No._____)
(B) Insert maximum R.F. output power at the transmitter terminals. Specify units.
(C) Insert maximum effective radiated power from the antenna (If pulsed emission, specify peak power).
(D) Insert "MEAN" or "PEAK" (See definitions in Part 5).
(E) List each type of emission separately for each frequency. (See Section 2.201 of FCC Rules.)
(F) Insert as appropriate for the type of modulation:
(1) the maximum speed of keying in bauds;
(2) maximum audio modulating frequency;
(3) frequency deviation of carrier;
(4) pulse duration and repetition rate.
For complex emissions, describe in detail in the space provided below.
(G) Describe how the necessary bandwidth was determined in space provided below.

5(a). Proposed location of transmitter and transmitting antenna (check only one box)

☐ FIXED/BASE ☒ MOBILE ☐ BASE AND MOBILE

5(b). If permanently located at a fixed location, give below:

State	County	City or Town

Number and street (or other indication of location)

5(d). If mobile, describe the exact area of operation

Continental United States

5(c). Enter geographical coordinates exact to the nearest second

North Latitude	West Longitude
° ' "	° ' "

5(e). Enter geographical coordinates of the approximate center of proposed area of operation (mobile applications)

North Latitude	West Longitude
° ' "	° ' "

6. Is a directional antenna (other than radar) used?

If "YES", give the following information: ☒ YES ☐ NO

(a) Width of beam in degrees at the half-power point 14.7° Horizontal 26° Vertical

(b) Orientation in horizontal plane All directions (c) Orientation in vertical plane 5° to 90°

7. Is this authorization to be used for fulfilling the requirement of a government contract with an agency of the United States Government?

☐ YES ☒ NO

If "YES", attach as EXHIBIT No. _____ a narrative statement describing the government project, agency and contact number.

8. Is this authorization to be used for the exclusive purpose of developing radio equipment for export to be employed by stations under the jurisdiction of a foreign government?

☐ YES ☒ NO

If "YES", attach as EXHIBIT No. _____ the following information: Provide the contract number and the name of the foreign government concerned.

9. Is this authorization to be used for providing communications essential to a research project? (The radio communication is not the objective of the research project).

☐ YES ☒ NO

If "YES", attach as EXHIBIT No. _____ a narrative statement provding the following information:

(a) A description of the nature of the research project being conducted.

(b) A showing that the communications facilities requested are necessary for the research project involved.

(c) A showing that existing communications facilities are inadequate.

10. If all the answers to Items 7, 8, and 9, are "NO", attach as EXHIBIT No. _____ a narrative statement describing in detail the following:

(a) The complete program of research and experimentation proposed including description of equipment and theory of operation.

(b) The specific objectives sought to be accomplished.

(c) How the program of experimentation has a reasonable promise of contribution to the development, extension, expansion, or utilization of the radio art, or is along line not already investigated.

11(a). Give an estimate of the length of time that will be required to complete the program of experimentation proposed in this application. Requesting Permanent License / Authorization

(b) If less than 2 years, give the length of time in months that the authorization requested in this application will be required.

12. Would a Commission grant of this application come within Section 1.1307 of the FCC Rules, such that it may have a significant environmental impact?

☐ YES ☒ NO

If you answer "YES", submit an Environmental Assessment required by Section 1.1311.

13. List below transmitting equipment to be installed (if experimental, so state):

MANUFACTURER	TYPE	NO. OF UNITS
Magnavox	Portable MX-4042 Inmarsat "M"	1

14. Is the equipment listed in Item 13 capable of station identification pursuant to Section 5.152? ☒ YES ☐ NO

15. Will the antenna extend more than 6 meters above the ground, or if mounted on an existing building, will it extend more than 6 meters above the building, or will the proposed antenna be mounted on an existing structure other than a building? ☐ YES ☒ NO

If "YES", give the following (see instruction 9):

(a) Overall height above ground to tip of antenna is _____ meters.

(b) Elevation of ground at antenna site above mean sea level is _____ meters.

(c) Distance to nearest aircraft landing area is _____ kilometers.

(d) List any natural formations of existing man-made structures (hills, trees, water tanks, towers, etc.) which, in the opinion of the applicant, would tend to shield the antenna from aircraft and thereby minimize the aeronautical hazard of the antenna.

(e) Submit as EXHIBIT No. _____ a vertical profile sketch of total structure including supporting building, if any, giving heights in meters above ground for all significant features. Clearly indicate existing portion, noting particulars of aviation obstruction lighting already available.

Applicant is: *(Check only one box)*

☐ INDIVIDUAL ☐ ASSOCIATION ☐ PARTNERSHIP ☒ CORPORATION

☐ OTHER (describe below)

17. Is applicant a foreign government or a representative of a foreign government? ☐ YES ☒ NO

18. Has applicant or any party to this application had any FCC station license or permit revoked or had any application for permit, license or renewal denied by this Commission? ☐ YES ☒ NO

If "YES", attach as EXHIBIT No. _____ a statement giving call sign of license or permit revoked and relate circumstances.

19. Will applicant be owner and operator of the station? ☒ YES ☐ NO

20. Give name, title, and telephone number (include area code) of person who can best handle inquiries pertaining to this application.

ROBERT BOHLER - Emergency Coordinator - 914-838-7514

21. APPLICANT ANTI-DRUG ABUSE CERTIFICATION:

By checking "YES", the applicant certifies that, in the case of an individual applicant, he or she is not subject to denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti- Drug Abuse Act of 1988, 21 U.S.C. 862, or, in the case of a non- individual applicant (e.g., corporation, partnership, or other unincorporated association), no party to the applicant is subject to a denial of federal benefits, that includes FCC benefits, pursuant to that section. For the definition of "party" for these purposes, see 47 CFR 1.2002(b). ☐ YES ☐ NO

22. List below all exhibits in numerical sequence and the item number of form requiring the exhibit identified.

EXHIBIT NUMBER	ITEM NO. OF FORM	EXHIBIT NUMBER	ITEM NO. OF FORM	EXHIBIT NUMBER	ITEM NO. OF FORM

23. CERTIFICATION:

Attention: Read this certification carefully before signing this application.

THE APPLICANT CERTIFIES THAT:

(a) Copies of FCC Rule Parts 2 and 5 are on hand; and
(b) Adequate financial appropriations have been made to carry on the program of experimentation which will be conducted by qualified personnel; and
(c) All operations will be on an experimental basis in accordance with Part 5 and other applicable rules, and will be conducted in such a manner and at such a time as to preclude harmful interference to any authorized station; and
(d) Grant of the authorization requested herein will not be construed as a finding on the part of the Commission:
  (1) that the frequencies and other technical parameters specified in the authorization are the best suited for the proposed program of experimentation, and
  (2) that the applicant will be authorized to operate on any basis other than experimental, and
  (3) that the Commission is obligated by the results of the experimental program to make provision in its rules including its table of frequency allocations for applicant's type of operation on a regularly licensed basis.

APPLICANT CERTIFIES FURTHER THAT:

(e) All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant's knowledge; and
(f) The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and
(g) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the USA.

Signed and dated this 7 day of Sept. , 19 95

Name of Applicant TEXACO INC.
(must correspond with name given on page 1)

By WILLIAM H. VERMILYEA (print) William H. VerMilyea (signature)

Title Communications Coordinator, Texaco Inc.

Check appropriate classification:

☐ Individual applicant ☐ Member of applicant partnership

☒ Authorized employee ☐ Office of applicant corporation or association

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 LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

Information requested through this form is authorized by the Communications Act of 1934, as amended, and specifically by Section 308 therein. The information will be used by Federal Communications Commission staff to determine eligibility for issuing authorizations in the use of the frequency spectrum and to effect the provisions of regulatory responsibilities rendered the Commission by the Act. Information requested by this form will be available to the public unless otherwise requested pursuant to 47 CFR 0.459 of the FCC Rules and Regulations. Your response is required to obtain this authorization.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

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:

Environment:

Industry:

SECTION A APPLICATION DETAILS

Routing organization: COMSAT
Country of registry: USA

LMES use - please tick only one type of use:
mobile _ fixed _ portable _ transportable X
(see section C below for installation details which should correspond)

Transaction required - please tick only one transaction type:
(a) X 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 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
- ___ containers
- X other

industry:
- ___ transport/distribution
- ___ media
- ___ telecommunications
- ___ financial sector
- ___ government
- ___ lease/hire
- ___ natural resource mgmnt
- ___ construction/mining
- ___ police/fire/ambulance
- X fuel/power industries
- ___ disaster relief
- ___ electronics
- ___ other

SECTION C 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: _____
Country: _____
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: X No: _____

Do not fill in the area below
RO Office Use Only

Applicant:

Owner:

Licensee:

AAIC:

BE:

SECTION D APPLICANT DETAILS

APPLICANT
Company Name: TEXACO INC.
Contact Name: ROBERT BOHLER
Address: P.O. BOX 509
BEACON, NY
Post/Zip: 12508-0509 Tel. No: 914 838-7514
Tlx: _____ Fax: 914 838-7115

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: _____

SECTION E ACCOUNTING AND BILLING DETAILS

ACCOUNTING AUTHORITY (Mandatory):
Name: COMSAT
Code: USO1 FCC

BILLING ENTITY (Optional):
Name: SAME AS APPLICANT
Address: P.O. Box 509
Town: BEACON, NY Post/Zip: 12508-0509
Country: USA Tel. No: 914-838-7514
Tlx: _____ Fax: 914-838-7115

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

for RO office use only :

SECTION H ADDITIONAL CHANNEL INFORMATION

Use this page to **(a)** list the service required for each end-terminal of additional channels or **(b)** to list the service required for each end-terminal of a primary channel with more than 6 end-terminals. Please photocopy this page as required, submitting a separate sheet for each additional channel of a multi-channel LMES.

Primary Channel Inmarsat Serial No: ☐☐☐☐☐☐☐☐☐☐☐

Secondary Channel Inmarsat Serial No: ☐☐☐☐☐☐☐☐☐☐☐

Manufacturer: ______________________

Model: ______________________

Software Revision No: ______________________

Is there a facility for immediate payment by credit card on the LMES (Y/N): ______

Antenna Size: ______________________

name the service for each required end-terminal.
only one service per end-terminal per line
services should be VOICE, FAX or DATA

IMN (RO to supply)	SERVICE REQUIRED	PRIVACY (Y/N)

SECTION F PRIMARY CHANNEL SERVICE &EQUIPMENT DETAILS (up to 6 end-terminals)

There is no need to identify facsimile or data equipment which will use a voice channel and switch with voice equipment. Please use the last page of this form (SECTION H) 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: MAGNAVOX

b Model: MX 4042

c Inmarsat Serial No: 6 M X 0 0 6 2 2 1 6 A 0
(should not include dots dashes or spaces)

d Software Revision No: 2

Do not fill in the area below RO Office Use Only

e Is there a facility for immediate payment by credit card on the LMES (Y/N): N

f Antenna Size: FLAT PLANE PATCHED ARRAY 457 MM X 340 MM 0,5

INMARSAT MOBILE NUMBER RO to supply one IMN for each specified end-terminal	END-TERMINAL SERVICES name the service for each required end-terminal only one service per end-terminal on each line services should be VOICE, FAX or DATA	PRIVACY INDICATOR (Y/N)
	VOICE	Y
	FAX	Y
	DATA	Y

Do not fill in the area below RO Office Use Only

SECTION G COMMISSIONING LES DETAILS

Commissioning LES Preferred: Southbury

Commissioning Date (dd/mm/yy): Sept, 7, 1995

Commissioning Site/Ocean Region: AOR W

Commissioning Agent: ABLE COMMUNICATIONS

Agents's Address: 6214 W. BROADWAY

Town: HOUSTON TX Post/Zip: 77581

Country: USA Tel. No: 713-485-8800

Tlx: Fax: 713-485-8230

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: WILLIAM H. VERMILYEA / FOR TEXACO INC.

Signature: W. H. Vermilyea **Date:** 9/7/95

PRINT RO Rep. Name:

Signature: **Date:**