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: USA

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: UCOM USA
Contact Name: Lee Norris
Address: P.O. Box 145
Waterford, VA

Post/Zip: 22190 Tel. No. 703-882-3473
Tlx: _____ Fax: 703-882-4779

OWNER
if different from applicant name and address:
Company Name: Same
Contact Name: _____
Address: _____

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

LICENSEE
If different from applicant name and address:
Name: Same
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
X	test and demonstration
___	education
___	other

industry:

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

SECTION C ACCOUNTING AND BILLING DETAILS

ACCOUNTING AUTHORITY (Mandatory):

Name: FCC

Code: US 01

BILLING ENTITY (Optional):

Name: _____

Address: _____

_____

Town: _____ Post/Zip: _____

Country: _____ Tel: _____

Tlx: _____ Fax: _____

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: _____

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: ___ No: X

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: Skanti

b Model: M9010

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

d Software Revision No:

e Credit Card option required? (Y/N): N

f Antenna Size: 16" X 11"

Do not fill in area below
RO Office Use Only

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	✓	N
	FAX	✓	
	DATA		

Do not fill in the area below
RO Office Use Only

SECTION F COMMISSIONING LES DETAILS

Commissioning LES Preferred: Southbury
Commissioning Date (dd/mm/yy): June 3, 1994
Commissioning Site/Ocean Region: AORW
Commissioning Agent: UCOM USA
Address: P.O. Box 145
Waterford, VA

Town: Waterford Post/Zip: 22190
Country: USA Tel. No: 703-882-3473
Tlx: Fax: 703-882-4279

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: Lee M. Norris

Signature: Lee M. Norris Date: 6/7/94

PRINT RO Rep. Name:

Signature: Date: