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APPLICATION FOR EARTH STATION AUTHORIZATIONS

FCC Use Only

FCC 312 MAIN FORM FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

BGAN Blanket MET Application

1–8. Legal Name	of Applicant
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Name: Stratos Communications, Inc. **Phone Number:** 301–214–8800

DBA Fax Number: 301–214–8801

Name:

Street: 6901 Rockledge Drive Suite 900 **E-Mail:**

City: Bethesda State: MD

Country: USA Zipcode: 20817 -

Attention: Legal Department

9–16. Name of Contact Representative

Name: Alfred M. Mamlet Phone Number: 202–429–6205

Company: Steptoe & Johnson LLP Fax Number: 202–429–3902

Street: 1330 Connecticut Ave., N.W. E–Mail: amamlet@steptoe.com

City: Washington State: DC

Country: USA **Zipcode:** 20036–1795

Attention: Relationship: Legal Counsel

CLASSIFICATION OF FILING

17. Choose the button next to the classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b.

a.

a1. Earth Station

(N/A) a2. Space Station

b.

b1. Application for License of New Station

6 b2. Application for Registration of New Domestic Receive-Only Station

(N/A) b3. Amendment to a Pending Application

(N/A) b4. Modification of License or Registration

(N/A) b5. Assignment of License or Registration

(N/A) b6. Transfer of Control of License or Registration

(N/A) b7. Notification of Minor Modification

(N/A) b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite

(N/A) b9. Letter of Intent to Use Non–U.S. Licensed Satellite to Provide Service in the United States

b10. Other (Please specify)

b b11. Application for Earth Station to Access a Non–U.S.satellite Not Currently Authorized to Provide the Proposed Service in the Proposed Frequencies in the United States.

17c. Is a fee submitted with this applicat If Yes, complete and attach FCC Form Governmental Entity Other(please explain): 17d.	159. If No, indicate reason for fee exemption	(see 47 C.F.R.Section 1.1114).
Fee Classification BGB – Mobile Satellite Authorization	Earth Stations Blanket	
18. If this filing is in reference to an existing station, enter: (a) Call sign of station: Not Applicable	19. If this filing is an amendment to a pending(a) Date pending application was filed:Not Applicable	g application enter: (b) File number of pending application: Not Applicable
TYPE OF SERVICE 20. NATURE OF SERVICE: This filing is f	For an authorization to provide or use the following	ng type(s) of service(s): Select all that apply:
a. Fixed Satellite b. Mobile Satellite c. Radiodetermination Satellite d. Earth Exploration Satellite e. Direct to Home Fixed Satellite f. Digital Audio Radio Service g. Other (please specify)		

	22. If earth station applicant, check all that apply.
only one.	Using U.S. licensed satellites
Common Carrier Non–Common Carrier	■ Using Non–U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER se facilities:	
Connected to a Public Switched Network Not connected to	o a Public Switched Network N/A
24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all approximately 1.00 in the box (es) next to all approxima	plicable frequency band(s).
a. C–Band (4/6 GHz) b. Ku–Band (12/14 GHz)	
c.Other (Please specify upper and lower frequencies in MHz.)	
Frequency Lower: 1525.0000 Frequency Upper: 1660.5000	
TYPE OF STATION	
25. CLASS OF STATION: Choose the button next to the class of station the	hat applies. Choose only one.
a. Fixed Earth Station	
b. Temporary–Fixed Earth Station	
c. 12/14 GHz VSAT Network	
d. Mobile Earth Station	
(N/A) e. Geostationary Space Station	
(N/A) f. Non–Geostationary Space Station	
g. Other (please specify)	
26. TYPE OF EARTH STATION FACILITY: Choose only one.	
Transmit/Receive Transmit-Only Receive-Only N/A	

PURPOSE OF MODIFICATION

27. The purpose of this proposed modification is to: (Place an 'X' in the box(es) next to all that apply.)	
Not Applicable	
ENVIRONMENTAL POLICY	
28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.	Yes No No Rad. Haz. Report
ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronateronautical fixed radio station services are not required to respond to Items 30–34.	autical en route or
29. Is the applicant a foreign government or the representative of any foreign government?	O Yes O No
30. Is the applicant an alien or the representative of an alien?	O Yes O No N/A

31. Is the applicant a corporation organized under the laws of any foreign government?	O Yes ⊗ No O N/A
32. Is the applicant a corporation of which more than one–fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	O Yes ⊗ No O N/A
33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one–fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.	Response to Q.34
BASIC QUALIFICATIONS	
35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	O Yes O No

36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.	○ Yes	⊚ No
37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.	O Yes	⊚ No
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition? If Yes, attach as an exhibit, an explanation of circumstances	O Yes	⊚ No
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances.	O Yes	No
	Technical Anne	ex

40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.	MET Descript	ion
41. By checking Yes, the undersigned certifies, that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	Yes	O No
42a. Does the applicant intend to use a non–U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.	Yes Response to Q	• No .42a
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued coordinated or is in the process of coordinating the space station? United Kingdom	l, what administr	ration has

43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

This is an application for blanket authority to operate 20,000 Mobile Earth Terminals in conjunction with Inmarsat's Broadband Global Area Network service satellites.

Response to Q.43

CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

11	Applicant	ical	(an).	Choose the	hutton nevt	to applicable	recnonce)	
44.	Applicant	18 a 1	(an). ((Choose the	button next	to applicable	e response.)	

- Individual
- Unincorporated Association
- Partnership
- Corporation
- Governmental Entity
- Other (please specify)

45. Name of Person Signing Paul Kugelman 46. Title of Person Signing Assistant Secretary				
47. Please supply any need attachments. Attachment 1:	Attachment 2:		Attachment 3:	
(U.S. Code, Title		R REVOCATION OF ANY	BY FINE AND / OR IMPRISONMENT STATION AUTHORIZATION ode, Title 47, Section 503).	

SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule B:(Technical and Operational Description) FOR OFFICIAL USE ONLY

Location of Earth Station Site

E1: Site Identifier: N/A – Multiple E5. Call Sign:

E2: Contact Name Paul Kugelman E6. Phone 301–214–8769

Number:

E3. Street: E7. City:

E8. County:

E4. State E9. Zip Code

E10. Area of Operation: United States

E11. Latitude: 0 °0 '0.0 "

E12. Longitude: 0 °0 '0.0 "

E13. Lat/Lon Coordinates are: NAD-27 NAD-83 N/A

E14. Site Elevation (AMSL): 0.0 meters

E15. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurement? If NO, provide as a technical analysis showing compliance with two–degree spacing policy.	O Yes	s O No	● N/A
E16. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with non–geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurements?	O Yes	s O No	● N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	O Ye	es 🔞	No No
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	O Ye	es ©) No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	O Ye	es 🔞	No No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and or the FAA's study regarding the potential hazard of the structure to aviation? FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	O Ye	es 🔞) No
POINTS OF COMMUNICATION			
Satellite Name:OTHER OTHER If you selected OTHER, please enter the following:			

E21. Common Name: Inmarsat 4F2	E22. ITU Name:
E23. Orbit Location: 52.75 W	E24. Country: United Kingdom

Satellite Name:OTHER OTHER If y	If you selected OTHER, please enter the following:	
E21. Common Name: Inmarsat 4F2	E22. ITU Name:	
E23. Orbit Location: 52.75 W	E24. Country: United Kingdom	

POINTS OF COMMUNICATION (Destination Points)

E25. Site Identifier:	
E26. Common Name:	E27. Country:

ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer	E31. Model	E32. Antenna Size <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi atGHz)
N/A – Multiple	1	20000	Hughes Network Systems	HNS Briefcase	0.35	14.5 dBi at 1.525
						14.9 dBi at 1.6265
	2		Thrane and Thrane	T&T Lite	0.21	10.8 dBi at 1.525
						11.4 dBi at 1.6265
	3		NERA	NERA PUT	0.125	8.8 dBi at 1.525
						9.0 dBi at 1.6265

4	Add Value	Add Value PUT	0.2	9.3 dBi at 1.525
				8.0 dBi at 1.6265

E28. Antenna Id	E33/34. Diameter Minor/Major (meters)	E35. Above Ground Level (meters)	E36. Above Sea Level (meters)	Height Above Ground		E39. Maximum Antenna Height Above Rooftop (meters)	E40. Total EIRP for al carriers (dBW)
1	0.26/0.35	0.0	0.0	0.0	4.074	0.0	21.0
2	0.18/0.21	0.0	0.0	0.0	2.951	0.0	16.1
3	0.125/0.125	0.0	0.0	0.0	1.585	0.0	11.0
4	0.15/0.2	0.0	0.0	0.0	1.995	0.0	11.0

FREQUENCY

E28. Antenna Id	E43/44. Frequency Bands (MHz)	E45. T/R Mode			EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
1	1525.000 1559.000	R	Right Hand Circular	12K5G7W	0.0	0.0

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

I.	LL	

1	1525.000 1559.000	R	Right Hand Circular	200KD7W	0.0	0.0
E50. Modulation entirety.)	and Services (If t	he complete descrip	tion does not appea	r in this box, please	go to the end of the	he form to view it in its
NULL						
1	1525.000 1559.000	R	Right Hand Circular	50K0D7W	0.0	0.0
entirety.) NULL						
1	1626.500 1660.500	Т	Right Hand Circular	200KD7W	21.0	5.2
E50. Modulation entirety.)	and Services (If t	he complete descrip	tion does not appea	r in this box, please	go to the end of the	he form to view it in its

1	1626.500 1660.500	Т	Right Hand Circular	50K0D7W	21.0	11.7
E50. Modulatio entirety.)	n and Services (If	the complete des	cription does not appea	r in this box, please	go to the end of t	he form to view it in its
NULL						
2	1525.000 1559.000	R	Right Hand Circular	12K5G7W	0.0	0.0
entirety.) NULL						
2	1525.000 1559.000	R	Right Hand Circular	200KD7W	0.0	0.0
E50. Modulatio entirety.)	n and Services (If	the complete des	cription does not appea	r in this box, please	go to the end of t	he form to view it in its
NULL						

2	1525.000 1559.000	R	Right Hand Circular	50K0D7W	0.0	0.0
E50. Modulation entirety.)	and Services (If t	he complete descrip	tion does not appea	r in this box, please	go to the end of the	he form to view it in its
NULL						
2	1625.500 1660.500	Т	Right Hand Circular	50K0D7W	16.1	6.8
entirety.) NULL						
2	1626.500 1660.500	Т	Right Hand Circular	200KD7W	16.1	0.3
E50. Modulation entirety.)	and Services (If t	he complete descrip	tion does not appea	r in this box, please	go to the end of the	he form to view it in its

3	1525.000 1559.000	R	Right Hand Circular	12K5G7W	0.0	0.0
E50. Modulation entirety.)	on and Services (I	f the complete d	escription does not appea	r in this box, please	go to the end of	the form to view it in its
NULL						
3	1525.000 1559.000	R	Right Hand Circular	200KG7W	0.0	0.0
entirety.) NULL						
3	1525.000 1559.000	R	Right Hand Circular	50K0G7W	0.0	0.0
E50. Modulation entirety.)	on and Services (I	f the complete d	escription does not appea	r in this box, please	go to the end of	the form to view it in its
NULL						

3	1626.500 1660.500	Т	Right Hand Circular	200KG7W	11.0	-4.8
E50. Modulati entirety.)	on and Services (I	the complete d	escription does not appea	r in this box, please	go to the end of the	he form to view it in its
NULL						
3	1626.500 1660.500	Т	Right Hand Circular	25K0G7W	11.0	4.7
entirety.) NULL						
4	1525.000 1559.000	R	Right Hand Circular	12K5G7W	0.0	0.0
E50. Modulati entirety.)	on and Services (In	the complete d	escription does not appea	r in this box, please	go to the end of the	he form to view it in its

4	1525.000 1559.000	R	Right Hand Circular	200KG7W	0.0	0.0
E50. Modulatio entirety.)	n and Services (If	the complete de	escription does not appear	r in this box, please	go to the end of t	he form to view it in its
NULL						
4	1525.000 1559.000	R	Right Hand Circular	50K0G7W	0.0	0.0
entirety.) NULL						
4	1626.500 1660.500	Т	Right Hand Circular	200KG7W	11.0	-4.8
E50. Modulatio entirety.)	n and Services (If	the complete de	escription does not appear	r in this box, please	go to the end of t	he form to view it in its
NULL						

4	1626.500 1660.500	T		Right Hand Circular	25K0G7W	11.0		4.7
E50. Modula entirety.)	ation and Service	es (If the com	plete description	n does not appear	in this box, plea	se go to the end	d of the form	to view it in its
NULL	, GOODDINA	WON						
E28. Antenna Id	E51. Satellite Orbit Type	E52/53. Frequency Limits(MHz)	E54/55. Range of Satellite Arc E/W Limit	E56. Earth Station Azimuth Angle Eastern Limit	E57. Antenna Elevation Angle Eastern Limit	E58. Earth Station Azimuth Angle Western Limit	E59. Antenna Elevation Angle Western Limit	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
			/					
REMOTE CO	NTROL POIN	T LOCATION		·	<u> </u>	<u> </u>		· ·
	se enter the calls	sign of the contro			. Phone Number			
E62. Street A	Address			1				
E63. City			E67. County			E64/68. State/Country		E66. Zip Code

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