# 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: New DSNG Truck for WBZ-TV. 1.5 M 125 Watts

1–8. Legal Name of Applicant										
	Name:	Viacom Communications Services, Inc.	Phone Number:	202-457-4518						
	DBA Name:		Fax Number:	202–457–4615						
	Street:	Suite 725	E-Mail:							
		2000 K Street								
	City:	Washington	State:	DC						
	<b>Country:</b>	USA	Zipcode:	20006 –						
	<b>Attention:</b>	Raymond Benedict								

9–16. Name of Contact Representative (If other than applicant)

Name: Raymond Benedict Phone Number: 202–457–4518

**Company:** Viacom Communications Services **Fax Number:** 202–457–4615

Inc.

Street: Suite 725 E–Mail:

2000 K Street

City: Washington State: DC

Country: USA Zipcode: 20006–

Contact Relationship: Other

Title:

#### **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.

b.

b.

b b1

b2

a.

a1. Earth Station

(N/A) a2. Space Station

b1. Application for License of New Station

**b**2. 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

o b10. Other (Please specify)

17c. Is a fee submitted with this applicate If Yes, complete and attach FCC Form Governmental Entity Noncomme Other(please explain):	159. If No, indicate reason for fee exemption (	(see 47 C.F.R.Section 1.1114).
Fee Classification BAX – Fixed Satellite T Station	Transmit/Receive Earth	
<ul><li>18. If this filing is in reference to an existing station, enter:</li><li>(a) Call sign of station:</li><li>Not Applicable</li></ul>	19. If this filing is an amendment to a pending (a) Date pending application was filed: Not Applicable	application enter:  (b) File number of pending application:  Not Applicable
TYPE OF SERVICE  20. NATURE OF SERVICE: This filing is for	or 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)		

21. STATUS: Choose the button next to the applicable status. Choose	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 facilities:	service, see instructions regarding Sec. 214 filings. Choose one. Are these
Connected to a Public Switched Network Not connected	to a Public Switched Network   N/A
24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all a	applicable frequency band(s).
a. C–Band (4/6 GHz) <b>Section</b> b. Ku–Band (12/14 GHz)	
c.Other (Please specify upper and lower frequencies in MHz.)	
Frequency Lower: Frequency Upper:	
TYPE OF STATION	
25. CLASS OF STATION: Choose the button next to the class of station	that 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	Α

## PURPOSE OF MODIFICATION

Teld obl of Mobil Tellifort			
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	O No
ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aerona aeronautical fixed radio station services are not required to respond to Items 30–34.	autical en	route o	or
29. Is the applicant a foreign government or the representative of any foreign government?	O Yes	O No	● N/A
30. Is the applicant an alien or the representative of an alien?	O Yes	O No	o N/A

31. Is the applicant a corporation organized under the laws of any foreign government?	O Yes	O No	o 🌒 N/A
32. Is the applicant a corporation of which any officer or director is an alien or 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	O No	)
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?	O Yes	O No	o 🌘 N/A
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.			
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.	0	Yes	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.	<b>O</b> Yes	<b>⊚</b> 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 attemptiing 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	<b>⊚</b> 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	<b>⊚</b> No

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.		
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	<b>⊚</b> No
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, w coordinated or is in the process of coordinating the space station?	hat administr	ation 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.)

Application for Transportable Earth Station to be used by WBZ-TV and CBS for collection of TV programming

#### **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	ica	(an).	(Choose the	hutton next	to applicable	racnonca )
44.	Applicant	18 a 1	(an).	(Choose the	button next	to applicable	response.)

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

45. Name of Person Signing Raymond Benedict			46. Title of Person Signing Vice President				
47. Please supply any need attachme Attachment 1:	nts. Attachment 2:		Attachment 3:				
(U.S. Code, 7	Title 18, Section 1001), AND/C	OR REVOCATION O	IABLE BY FINE AND / OR IMPRISON OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 503).	JMENT			

### 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: WBZ-TV E5. Call Sign:

E2: Contact Name Bob Hess E6. Phone 717 787 7050

Number:

E3. Street: 1170 Soldiers Field E7. City: Boston

Road

E8. County:

E4. State MA E9. Zip Code 60611

E10. Area of Operation: Conus

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.	<b>⊗</b> Ye	es	O No	(	O 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 Ye	es	O No	(	o N∕A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	O Y	Yes	•	N	10
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	Τ				
18 18 frequency coordination required? If TES, attach a frequency coordination report as	O Y	Yes	€	N	lo
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	O Y	Yes	€	N	
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.		Yes	•	) N	
POINTS OF COMMUNICATION					
Satellite Name: PERMITTED LIST If you selected OTHER, please enter the following:					

E21. Common Name:							E22. ITU Name:					
E23. Orbit Location:							ntry:					
POINTS OF	COMMUNICA	ATION	(Destination	n Points	s)							
E25. Site Identifier:												
E26. Common N	Vame:					E27. Cou	ntry:					
ANTENNA						•	_					
Site ID	E28. Anten	na Id	E29. Quant	ity	E30. Manufac	turer	E31. N	Model		Antenna <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi atGHz)	
WBZ-TV	1		1		Advent		NewsS	Swift	1.5		43.9 dBi at 11.950	
											45.5 dBi at 14.275	
E28. Antenna Id	E33/34. Diameter Minor/Major (meters)	Gro Lev	. Above und el  ters)	E36. A Level< (meter		E37. Buil Height A Ground Level <bl (meters)</bl 	bove	E38. Total Input Powe antenna flange <br (Watts)</br 		E39. Maximum Antenna Heig Above Rooftop (meters)	E40. Total EIRP for al carriers  (dBW)	
1	/	3.7		0.0		0.0		125.0		3.7	65.5	
FREQUENCY												
E28. Antenna I	E43/44. Frequency (MHz)	Bands	E45. T/R M	lode	E46. Anto Polarizat L,R)		E47. E Design	Emission nator		Maximum P per Carrier W)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)	

1	11700 12200	R	Horizontal and Vertical	36M0G7W	0.0	0.0					
E50. Description of 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.)											
Televison, data, MCPC											
1	14000 14500	Т	Horizontal and Vertical	36M0G7W	65.5	29.8					
E50. Description view it in its entirety	of Modulation and S	ervices (If the com	plete description doe	s not appear in this b	ox, please go to the e	nd of the form to					
television	, data MCPC										

# FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	Frequency Limits(MHz)	Range of Satellite Arc E/W Limit	Station Azimuth Angle	E57. Antenna Elevation Angle Eastern Limit	Station Azimuth Angle	Elevation Angle Western	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
1		14000 14500	60.0/ 140.0	0.0	28.6	0.0	5.0	0.0

REMOTE CONTROL POINT LOCATION

E61. Call Sign	E65. Phone Number								
NOTE: Please enter the callsign of the contro callsign for which this application is being filed.									
E62. Street Address									
E63. City	E67. County		E64/68. State/Country	E66. Zip Code					

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