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: Transvision International Domestic Ku–Band Application (April 2003)

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Name: Transvision International Teleport, **Phone Number:** 808–674–9157

L.P.

DBA Fax Number: 808–674–1826

Name:

Street: 91–340 Farrington Highway **E–Mail:**

City: Kapolei State: HI

Country: USA Zipcode: 96707 -

Attention: Mr Vincent Waterson

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

Name: Frank R. Jazzo, Esquire Phone Number: 703–812–0400

Company: Fletcher, Heald & Hildreth, P.L.C. **Fax Number:** 703–812–0486

Street: 1300 N. 17th Street E–Mail: jazzo@fhhlaw.com

11th Floor

City: Arlington State: VA

Country: USA Zipcode: 22209–

Contact Memebr Relationship: Legal Counsel

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.

a.

a1. Earth Station

(N/A) a2. Space Station

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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

o b10. Other (Please specify)

17c. Is a fee submitted with this application? If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). Governmental Entity Noncommercial educational licensee Other(please explain): 17d.					
Fee Classification BAX – Fixed Satellite T Station	Transmit/Receive Earth				
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	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: Connected to a Public Switched Network Not connected	service, see instructions regarding Sec. 214 filings. Choose one. Are these to a Public Switched Network N/A
24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all a a. C-Band (4/6 GHz) b. Ku-Band (12/14 GHz) c.Other (Please specify upper and lower frequencies in MHz.) Frequency Lower: Frequency Upper:	<u> </u>
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	
og. Other (please specify)	
26. TYPE OF EARTH STATION FACILITY: Choose only one. Transmit/Receive Transmit-Only Receive-Only N/A	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	O Yes O No
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.	Rad Haz
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.	utical en route or
29. Is the applicant a foreign government or the representative of any foreign government?	O Yes ● No O N/A
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	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.	O 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 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	⊚ 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

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	No
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, we coordinated or is in the process of coordinating the space station? N/A	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 the box, please go to the end of the form to view it in its entirety.)	is
Applicant intends to provide audio, video, and data.	
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 li 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.	mit
44. Applicant is a (an): (Choose the button next to applicable response.)	
O Individual	
Unincorporated Association	
O Partnership	
• Corporation	
O Governmental Entity	
Other (please specify)	
Limited Partnership	

45. Name of Person Signing Vincent Waterson		46. Title of Person Sign VP of Business Develo	
47. Please supply any need attachments.			
Attachment 1:	Attachment 2:		Attachment 3:
(U.S. Code, Title 18, Sec	ction 1001), AND/OR R	EVOCATION OF ANY	SY 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 E5. Call Sign: NEW

E2: Contact Name Vince Waterson E6. Phone 805–981–8740

Number:

E3. Street: 91–340 Farrington E7. City: Kapolei

Highway

E8. County:

E4. State HI E9. Zip Code 96707

E10. Area of Operation: Kapolei, Hawaii

E11. Latitude: 21 °20 '7.0 "N

E12. Longitude: 158 °5 '25.0 "W

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

E14. Site Elevation (AMSL): 36.58 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.	⊗ 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:	E24. Country:			

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	N/A	1	RSI	700KS	7.0	57.0 dBi at 12
						58.0 dBi at 14

E28. Antenna Id	Diameter	E35. Above Ground Level (meters)	(meters)	Height Above Ground	Input Power at antenna flange 	Maximum Antenna Height	E40. Total EIRP for al carriers (dBW)
N/A	/	8.0	44.57	0.0	500.0	0.0	85.0

FREQUENCY

	E43/44. Frequency Bands (MHz)	E45. T/R Mode			E48. Maximum EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
N/A	11700 12200	R	Horizontal and Vertical	36M0G7D	0.0	0.0

E50. Description view it in its entirety	of Modulation and S	ervices (If the com	plete description doe	es not appear in this b	ox, please go to the e	nd of the form to
Digital, Q	PSK, 3/4, 1/2	FEC				
N/A	11700 12200	R	Horizontal and Vertical	51K2G7D	0.0	0.0
E50. Description view it in its entirety	of Modulation and S	ervices (If the com	pplete description doe	s not appear in this b	ox, please go to the e	nd of the form to
Digital, Q	PSK, 3/4, 1/2	FEC				
N/A	14000 14500	Т	Horizontal and Vertical	36M0G7W	83.5	44.0
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
Digital, Q	PSK, 3/4, 1/2	FEC				
N/A	14000 14500	Т	Horizontal and Vertical	51K2G7D	55.1	44.0

E50. Descrip view it in its ent	tion of Modulation a	and Services (If	the complete description d	oes not appear in t	his box, please go	o to the end of the form to
Digital	, QPSK, 3/4, 1	/2 FEC				
N/A	11700 12200	R	Horizontal and Vertical	36M0G7W	0.0	0.0
E50. Descrip view it in its ent	tion of Modulation a irety.)	and Services (If	the complete description d	oes not appear in t	his box, please go	to the end of the form to
Digital	, QPSK, 3/4, 1	./2 FEC, Comb	ination of Carrie	cs		
N/A	11700 12200	R	Horizontal and Vertical	51K2G7W	0.0	0.0
E50. Descrip view it in its ent	tion of Modulation a	and Services (If	he complete description d	oes not appear in t	his box, please go	to the end of the form to
Digital	, QPSK, 3/4, 1	./2 FEC, Comb	ination of Carrie	rs		
N/A	14000 14500	Т	Horizontal and Vertical	36M0G7W	83.5	44.0

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.)

Digital, QPSK, 3/4, 1/2 FEC, Combination of Carriers

N/A	14000	T	Horizontal and	51K2G7W	55.1	44.0
	14500		Vertical			

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.)

Digital, QPSK, 3/4, 1/2 FEC, Combination of Carriers

FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	E52/53. Frequency Limits(MHz)	E54/55. Range of Satellite Arc E/W Limit	Station Azimuth Angle	E57. Antenna Elevation Angle Eastern Limit	Station Azimuth Angle	E59. Antenna Elevation Angle Western Limit	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
N/A		11700 12200	85.0/ 194.0	96.3	7.1	243.3	42.6	0.0
		14000 14500	85.0/ 194.0	96.3	7.1	243.3	42.6	4.0

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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