Date & Time Filed: Jul 21 2005 5:40:24:023PM File Number: SES-LIC-INTR2005-01617

Callsign/Satellite ID:

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: Globalstar Caribbean – Earth Station Application – Las Palmas RFT 4

1 - 8.	Legal	Name	of Ap	plicant

Name: Globalstar Caribbean Ltd. Phone Number: 408–933–4525

DBA Fax Number: 408–933–4960

Name:

Street: 461 S. Milpitas Blvd. E–Mail: tony.navarra@globalstar.com

City: Milpitas State: CA

Country: USA Zipcode: 95035 -

Attention: Mr Anthony J Navarra

9–16. Name of Contact Representative

Name: Mike Kozlowski Phone Number: 408–933–4456

Company: Globalstar LLC Fax Number: 408–933–4957

Street: 461 S. Milpitas Blvd. E–Mail: mike.kozlowski@globalstar.com

City: Milpitas State: CA

Country: USA **Zipcode:** 95035–5438

Attention: Principal Systems & Regulatory **Relationship:** Engineer

Engineer

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

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)

o 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 BAX – Fixed Satellite T Station	ransmit/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 f	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
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. Ku–Band (12/14 GHz)	
c.Other (Please specify upper and lower frequencies in MHz.)	
Frequency Lower: 5091 Frequency Upper: 7055	
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	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.	RadHaz
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 O No
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 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	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?	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
	No Wai	ver Requ	uired

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, 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.)

This Earth Station is to be used to provide feeder link operations for the Globalstar Big LEO mobile satellite service (MSS) system.

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.

44	Appl	licant	is a	(an):	(C	Choose th	e l	button	next	to	appl	ica	bl	e respo	onse.)	
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- Individual
- Unincorporated Association
- Partnership
- Corporation
- Governmental Entity
- Other (please specify)

45. Name of Person Signing William F. Adler		46. Title of Person Sign Vice President	ning
47. Please supply any need attachments.			
Attachment 1:	Attachment 2:		Attachment 3:
	•		
(U.S. Code, Title 18, Sec	ction 1001), AND/OR RI	EVOCATION OF ANY	Y 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: LPMA-4 E5. Call Sign: N/A

E2: Contact Name Rafael Medina E6. Phone 787–255–0000

Number:

E3. Street: Road 303 INT. E7. City: Cabo Rojo

KM 12.1

Las Palmas E8. County: Cabo Rojo

E4. State PR E9. Zip Code 00623

E10. Area of Operation: Cabo Rojo, PR, USA

E11. Latitude: 17 °58 '48.0 "N

E12. Longitude: 67 °8 '12.0 "W

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

E14. Site Elevation (AMSL): 53.0 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?	● Yes	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.	⊚ Ye	es C	No No
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	● Ye	es C	No No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as CoordContours	⊚ Ye	es C	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:GLOBALSTAR GLOBALSTAR NGSO If you selected OTHER, please enter the following:			

E21. Common Name:						E22. ITU Name:						
E23. Orbit Location:						ntry:						
POINTS OF	COMMUNICAT	TION (Destination	on Points)									
E25. Site Identif	fier:											
E26. Common N	Name:				E27. Cou	ntry:						
ANTENNA												
Site ID	E28. Antenna	Id E29. Qua		30. Ianufact	turer						ansmint	
LPMA-4	LPA RFT4	1	A	Alcatel		9775		5.5		47.6 dB	Bi at 5.150	
										50.2 dB	3i at 6.975	
E28. Antenna Id	E33/34. Diameter	E35. Above Ground	E36. Abo Level <bl< td=""><td>R></td><td>E37. Buil Height A</td><td>_</td><td>E38. Total Input Power</td><td>r at</td><td>E39. Maximum</td><td>EIRI</td><td>Total P for al</td></bl<>	R>	E37. Buil Height A	_	E38. Total Input Power	r at	E39. Maximum	EIRI	Total P for al	
	Minor/Major (meters)	Level (meters)	(meters)	rs) Ground Level< (meters		₹>	antenna flange (Watts)		Antenna Heig Above Rooftop <br (meters)</br 	ght carriers <br: (dBW)</br: 		
LPA RFT4	0.0/0.0	8.15	61.2		0.0		110.0		0.0	68.0		

E46. Antenna

L,R)

Polarization(H,V,

E47. Emission

Designator

E49. Maximum

Carrier (dBW/4kHz)

ERIP Density per

E48. Maximum

(dBW)

EIRP per Carrier

E28. Antenna Id

E43/44.

Frequency Bands (MHz)

E45. T/R Mode

LPA RFT4	6900	7055	R	Left and Right Circular	1M23G7W	0.0	0.0
E50. Modulation entirety.)	and Services	s (If th	ne complete desc	cription does not appear	in this box, please	go to the end of t	he form to view it in its
CDMA voice	and data	a					
LPA RFT4	6900	7055	R	Left and Right Circular	N0N	0.0	0.0
Unmodulate	d CW for	testi	ng				
LPA RFT4	5096	5250	Т	Left and Right Circular	1M23G7W	55.0	30.1
E50. Modulation entirety.)	and Services	s (If th	ne complete dese	cription does not appear	in this box, please	go to the end of t	he form to view it in its
CDMA voice	: and data	a					

LPA RFT4	6900	7055	R	Left and Right Circular	1M23XXX	0.0	0.0
E50. Modulation entirety.)	on and Service	es (If the	he complete de	escription does not appear	in this box, please	go to the end of t	the form to view it in its
White noi	se modul	ated ca	arrier for	testing			
LPA RFT4	6900	7055	R	Left and Right Circular	1M23G2W	0.0	0.0
Direct-se	equence C	DMA for	: single-c	arrier AMSS			
LPA RFT4	6900	7055	R	Left and Right Circular	2M50G2D	0.0	0.0
E50. Modulation entirety.)	on and Servic	es (If the	he complete de	escription does not appear	in this box, please	go to the end of t	the form to view it in its
Direct-se	:quence C	DMA for	single-c	arrier telemetry o	lata		

LPA RFT4	5096	5250	Т	Left and Right Circular	1M23XXX	59.0	34.1
E50. Modula entirety.)	tion and Service	ces (If the	he complete de	escription does not appear	in this box, please	go to the end of t	he form to view it in its
White no	oise modul	ated ca	arrier for	testing			
LPA RFT4	5096	5250	Т	Left and Right Circular	1M23G2W	55.0	30.1
LPA RFT4	5096	5250	Т	Left and Right Circular	N0N	59.0	59.0
E50. Modula entirety.)	tion and Service	ces (If the	he complete de	escription does not appear	in this box, please	go to the end of t	he form to view it in its
Unmodula	ated CW fo	r testi	ng; maxim	um EIRP density p	er carrier is	59.0 dBW ir	n any bandwidth.

FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	E52/53. Frequency Limits(MHz)		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)
LPA RFT4	Non– Geostationary	5091 – 5250 6875 – 7055	0.0/ 0.0	0.0	5.0	360.0	5.0	25.9

REMOTE CONTROL POINT LOCATION

E61. Call Sign N/A NOTE: Please enter the callsign of the contro callsign for which this application is being filed.	_	E65. Phone Number 408–933–4600		
E62. Street Address 461 S. Milpitas Blvd.				
E63. City Milpitas	E67. County Santa Clara		E64/68. State/Country CA/ USA	E66. Zip Code 95035

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