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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:

PACSAT C\_20\_2

1–8. Legal Name of	Applicant
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Name: Pacific Satellite Connection, Inc. **Phone Number:** 916–446–7890

**DBA Fax Number:** 916–446–7893

Name:

Street: 1629 S Street E–Mail: pacsatboss@pacsat.com

City: Sacramento State: CA

Country: USA Zipcode: 95814 -

**Attention:** Steve Mallory

9–16. Name of Contact Representative

Name: Eddie Maalouf Phone Number: 916–446–7890

**Company:** Pacific Satellite **Fax Number:** 916–446–7893

Street: 1629 S Street E–Mail: emaalouf@pacsat.com

City: Sacramento State: CA

Country: USA Zipcode: 95814–

Attention: Eddie Maalouf Relationship: 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.  A	<ul> <li>b.</li> <li>b1. Application for License of New Station</li> <li>b2. Application for Registration of New Domestic Receive—Only Station</li> <li>(N/A) b3. Amendment to a Pending Application</li> <li>(N/A) b4. Modification of License or Registration</li> <li>(N/A) b5. Assignment of License or Registration</li> <li>(N/A) b6. Transfer of Control of License or Registration</li> <li>(N/A) b7. Notification of Minor Modification</li> <li>(N/A) b8. Application for License of New Receive—Only Station Using Non—U.S. Licensed Satellite</li> <li>(N/A) b9. Letter of Intent to Use Non—U.S. Licensed Satellite to Provide Service in the United States</li> <li>b10. Other (Please specify)</li> <li>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.</li> <li>b12. Application for Database Entry</li> <li>(N/A) b13. Amendment to a Pending Database Entry Application</li> <li>(N/A) b14. Modifiction of Database Entry</li> </ul>
17c. Is a fee submitted with this application of the submitted with the submitted with this application of the submitted with t	159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). rcial educational licensee
17d.  Fee Classification BAX – Fixed Satellite T Station	ransmit/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>	<ul><li>19. If this filing is an amendment to a pending (a) Date pending application was filed:</li><li>Not Applicable</li></ul>	ng application enter:  (b) File number of pending application:  Not Applicable
YPE OF SERVICE		
20. NATURE OF SERVICE: This filing i	s for an authorization to provide or use the follow	wing type(s) of service(s): Select all that apply:
a. Fixed Satellite		
b. Mobile Satellite		
C Radiodetermination Satellite		

C. Radiodeternination Saternite	
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 s	service, see instructions regarding Sec. 214 filings. Choose one. Are these
facilities:	
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 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: 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>b</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

environmental impact as defined by 47 CFR 1.1307? If YES, submit the

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.	Radiation Hazard
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.	nutical 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 ⊗ No O N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	O Yes O No 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 N/A

have a significant

statement as required by Sections

O Yes

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 ● N	To 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.	<b>○</b> 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>○</b> 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	<b>⊚</b> 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	<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.	O 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, v coordinated or is in the process of coordinating the space station?	vhat 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 is a 'towable' trailer/platform with a 4.8 meter C-band dish designed to provide 'temporary' domestic C-band analog video and audio and digital video and audio 'on location' transmissions.

### **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.

true	ue, complete and correct to the best of his or her knowledge and belief, and are made in good faith.				
44.	Applicant is a (an): (Choose the button next	to applicable response.)			
0000	Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify)				
	45. Name of Person Signing Eddie Maalouf		46. Title of Person Sign Engineer	ning	
_	Please supply any need attachments.  ttachment 1:	Attachment 2:		Attachment 3:	

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, 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: PACSAT E5. Call Sign: C\_20

E2: Contact Name Eddie Maalouf E6. Phone 916/446–7890

Number:

E3. Street: E7. City:

E8. County:

E4. State E9. Zip Code

E10. Area of Operation: CONUS – VARIOUS

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.	● Yes	s 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?	● Yes	S O No	O N/A	A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	O Ye	es <b>(</b>	<b>N</b> o	
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	● 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 (	<b>N</b> o	
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 🍎	<b>)</b> No	
POINTS OF COMMUNICATION				
Satellite Name: ALSAT   ALL AUTHORIZED U.S.   ALSAT   If you selected OTHER, please enter the following	g:			_

E21. Common Name:	E22. ITU Name:
E23. Orbit Location:	E24. Country:

## POINTS OF COMMUNICATION (Destination Points)

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

## ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer		E32. Antenna Size <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi atGHz)
PACSAT	C_20	1	PATRIOT ANTENNAS	PATRIOT 4.8M	4.8	48.1 dBi at 6.250

Id	Diameter	E35. Above Ground Level  (meters)	E36. Above Sea Level  (meters)	Height Above Ground	Input Power at antenna flange 	Maximum Antenna Height	E40. Total EIRP for al carriers  (dBW)
C_20	4.8/4.8	2.5	0.0	0.0	1200.0	0.0	78.9

# FREQUENCY

E		E43/44. Frequency Bands (MHz)	E45. T/R Mode			EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
C	2_20	5925 6425	Т	Horizontal and Vertical	16M0G7F	67.0	30.98

E50. Modulation entirety.)	and Services	(If the	e complete description	on does not appear in	this box, please go to	the end of the form	to view it in its
Digital TV							
C_20	5925 64	425	Т	Horizontal and Vertical	7M70G7F	63.0	30.57
E50. Modulation entirety.)  Digital TV		(If the	e complete description	on does not appear in	this box, please go to	o the end of the form	to view it in its
C_20	5925 64	425	T	Horizontal and Vertical	72M0G7F	74.0	31.45
E50. Modulation entirety.)  HDTV - MPE	and Services G-2 - Analo			on does not appear in	this box, please go to	o the end of the form	to view it in its
C_20	5925 64	425	T	Horizontal and Vertical	54M0G7F	72.0	30.7

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.) FM TV - HDTV - MPEG2 - Digital TV C\_20 5925 6425 T Horizontal and 36M0F3F 71.0 31.46 Vertical 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.) Digital TV - HDTV - Analog video / TV 71.0 C\_20 5925 6425 T Horizontal and 36M0G7F 31.46 Vertical 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.) Digital TV - HDTV - MPEG2- Analog video

FREQUENCY COORDINATION

	E51. Satellite Orbit Type	Frequency Limits(MHz)	Range of Satellite Arc E/W Limit	Station Azimuth Angle		Station Azimuth Angle	Elevation Angle Western	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
C_20	Geostationary	5925 6425	74.0/ 140.0	0.0	15.0	270.0	65.0	31.46

### REMOTE CONTROL POINT LOCATION

E61. Call Sign	E65. Phone Number			
NOTE: Please enter the callsign of the control 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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