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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:

Hato Rey C-Band Transmit/Receive Application (3.8 meter)

1–8. Legal Name of Applicant

Name: Impsat USA, Inc. Phone Number: 954–779–7171 x3120

DBA Fax Number: 954–779–3766

Name:

Street: 2040 North Dixie Highway E–Mail: jravelo@impsat.com

City: Wilton Manors State: FL

Country: USA Zipcode: 33305 -

Attention: Ms Johanna Ravelo

9–16. Name of Contact Representative

Name: Elizabeth R. Park Phone Number: 202–637–1056

Company: Latham & Watkins LLP Fax Number: 202–637–2201

Street: 555 Eleventh Street, NW E–Mail: elizabeth.park@lw.com

Suite 1000

City: Washington State: DC

Country: USA **Zipcode:** 20004–1304

Attention: Relationship: Legal Counsel

CLASSIFICATION OF FILING

17. Choose the button next to the	b.	
classification that applies to this filing for	b1. Application for License of New Station	
both questions a. and b. Choose only one	b2. Application for Registration of New Domestic Receive–Only Station	
for 17a and only one for 17b.		
	(N/A) b3. Amendment to a Pending Application (N/A) b4. Modification of License or Registration	
a.	(N/A) b5. Assignment of License or Registration	
a1. Earth Station	(N/A) b6. Transfer of Control of License or Registration	
(N/A) a2. Space Station	(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 h 10. Other (Please specify)	
	o b10. Other (Please specify)	
	▶ 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.	
	(N/A) b13. Amendment to a Pending Database Entry Application	
	(N/A) b14. Modifiction of Database Entry	
17c. Is a fee submitted with this applicati	on?	
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 Noncomme	ercial educational licensee	
Other(please explain):		
17d.		
Fee Classification BAX – Fixed Satellite T	ransmit/Receive Earth	
Station		

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 application enter: (a) Date pending application was filed: (b) File number of pending application: Not Applicable Not Applicable
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TYPE OF SERVICE			
20. NATURE OF SERVICE: This filing is for an authorization to provide	or use the following 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		
O Common Carrier Non–Common Carrier	Using Non–U.S. licensed satellites		
23. If applicant is providing INTERNATIONAL COMMON CARRIER sefacilities:	ervice, see instructions regarding Sec. 214 filings. Choose one. Are these		
O Connected to a Public Switched Network Not connected to	o a Public Switched Network		

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. 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 Exhibit 1
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 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.	O 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 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
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.		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	No
42b. What administration has licensed or is in the process of licensing the space station? If no license will be issue coordinated or is in the process of coordinating the space station?	ed, what administra	ation has
43. Description. (Summarize the nature of the application and the services to be provided). (If not appear in this box, please go to the end of the form to view it in its entirety.)	the complete descr	ription does
See Attachment A. Attachment A		

43a. Geographic Service Rule Certification By selecting A, the undersigned certifies that the applicant is not subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25.	● A
By selecting B, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will comply with such requirements.	O B
By selecting C, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will not comply with such requirements because it is not feasible as a technical matter to do so, or that, while technically feasible, such services would require so many compromises in satellite design and operation as to make it economically unreasonable. A narrative description and technical analysis demonstrating this claim are attached.	o c

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.

Individual			
 Unincorporated Association 	ı		
Partnership			
Corporation			
Governmental Entity			
Other (please specify)			
45. Name of Person Signing Oscar Luna		46. Title of Person Signing Vice President Country Head	
47. Please supply any need attac			
47. Please supply any need attac Attachment 1:	hments. Attachment 2:	Attachment 3:	

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: PONC_HAT-PRI E5. Call Sign:

E2: Contact Name Jose Campos E6. Phone 787–579–2164

Number:

E3. Street: 273 Ponce De E7. City: Hato Rey

Leon Ave

E8. County:

E4. State PR E9. Zip Code 00917

E10. Area of Operation: N/A

E11. Latitude: 18 °25 '29.5 "N

E12. Longitude: 66 ° 3 ' 26.3 " W

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

E14. Site Elevation (AMSL): 18.99 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 asExhibit 3 a technical analysis showing compliance with two–degree spacing policy.	O Yes	s @ 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 Yes	o No	● 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
T10 I. C			
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	⊚ Ye	es C	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
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:INTELSAT 805 304.5 E.L. If you selected OTHER, please enter the following:			

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

Satellite Name:PAS-1R PANAMSAT-1R 45.0 W.L. If you sele	cted 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	Size <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi atGHz)
PONC_HAT-PRI	PONC-1	1	Prodelin	1383	3.8	38.0 dBi at 3.9
						46.2 dBi at 6.13

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)
PONC-1	0.0/0.0	52.568	71.558	48.768	5.9	0.0	52.8

FREQUENCY

E28. Antenna Id	E43/44. Frequency Bands (MHz)	E45. T/R Mode	E46. Antenna Polarization(H,V, L,R)	E47. Emission Designator	E48. Maximum EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
PONC-1	3700 4200	R	Horizontal	115KG7D	0.0	0.0
E50. Modulation entirety.) Digital da	and Services (If the	ne complete descript	ion does not appear ir	n this box, please go	to the end of the form	to view it in its
PONC-1		R	Horizontal	1M39G7D	0.0	0.0
E50. Modulation entirety.)	and Services (If the	ne complete descript	ion does not appear ir	n this box, please go	to the end of the form	to view it in its
Digital da	ata carrier					
PONC-1	3700 4200	R	Horizontal	230KG7D	0.0	0.0

E50. Modulation entirety.)	and Services (If the comple	te description does not app	pear in this box, please	go to the end of the	ne form to view it in its	
Digital da	ata carrier						
PONC-1	5925 642	25 T	Vertical	115KG7D	41.98	27.4	
Digital da	ata carrier						
PONC-1	5925 642	25 T	Vertical	1M39G7D	52.8	27.4	
E50. Modulation entirety.) Digital da	and Services (If the comple	te description does not app	pear in this box, please	go to the end of the	ne form to view it in its	
PONC-1	5925 642	25 T	Vertical	230KG7D	44.99	27.4	

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 data carrier

FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type		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)
PONC-1	Geostationary	3700 4200	45.0/ 56.0	129.4	57.7	149.5	65.2	0.0
	Geostationary	5925 6425	45.0/ 56.0	129.4	57.7	149.5	65.2	-28.6

REMOTE CONTROL POINT LOCATION

E61. Call Sign NOTE: Please enter the callsign of the contro callsign for which this application is being filed.	E65. Phone Number 819–687–3241			
E62. Street Address 200 Larose Road				
E63. City Weir	E67. County Quebec		E64/68. State/Country / Canada	E66. Zip Code

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