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APPLICATION FOR EARTH STATION AUTHORIZATIONS FCC 312 MAIN FORM FOR OFFICIAL USE ONLY FCC Use Only

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Application for Telemundo Phantom 2.4m C-band transportable uplink

Name:	NBC Telemundo License LLC	Phone Number:	202-524-6401
DBA Name:		Fax Number:	202-524-6411
Street:	300 New Jersey Avenue, NW	E-Mail:	margaret.tobey@nbcuni.com
	Suite 700		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20001 –
Attention:	Margaret L Tobey		

9–16. Name of Contact Representative

Name: Margaret L. Tobey Phone Number: 202–524–6401

Company: NBCUniversal Fax Number: 202–524–6411

Street: 300 New Jersey Avenue, NW E–Mail: margaret.tobey@nbcuni.com

Suite 700

City: Washington State: DC

Country: USA Zipcode: 20001–

Attention: Margaret L. Tobey **Relationship:**

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 Radiation Hazard Rpt
ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronau 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 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?	↑ Yes ♠ No ↑ 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 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.	• Yes	O No
	Antenna Waive	r Req.
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.	• Yes	⊚ 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 issued coordinated or is in the process of coordinating the space station?	, what administ	ration has
43. Description. (Summarize the nature of the application and the services to be provided). (If the not appear in this box, please go to the end of the form to view it in its entirety.)	e complete desc	ription does
Transportable uplink to transmit news, sports and entertainment events fro temporary fixed locations to other locations for recording and/or live bro		

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				
Partnership				
Corporation				
Governmental Entity				
Other (please specify)				
Limited Liablity Company				
45. Name of Person Signing		46. Title of Person Signing Assistant Secretary		
Margaret L. Tobey		Assistant Secre	tar y	
47. Please supply any need attachment	ts.			
	Attachment 2:		Attachment 3:	
Attachment 1:			.	
Attachment 1:	L			
Attachment 1:				
WILLFUL FALSE STATE			ABLE BY FINE AND / OR IMPRISON F ANY STATION AUTHORIZATION	NMENT

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: TELEMUNDO E5. Call Sign:

E2: Contact Name Telemundo TOC E6. Phone 305–882–8742

Number:

E3. Street: 2470 W 8th Avenue E7. City: Hialeah

E8. County: Miami-Dade

E4. State FL E9. Zip Code 33010

E10. Area of Operation: Various locations throughout CONUS, Alaska and Hawaii

E11. Latitude: $0 \circ 0 '0.0 "$

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 asResponse to E15' a technical analysis showing compliance with two–degree spacing policy.	O Yes	s @	No 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	s C	No	● N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	O Yo	es	•	No
E18. Is frequency coordination required? If YES, attach a frequency coordination report as	O Yo	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 Yo	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: 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:	
E26. Common Name:	E27. Country:

ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer		E32. Antenna Size <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi atGHz)
TELEMUNDO	PHANTOM	1	Prodelin Corporation	2.4 Meter	2.4	42.0 dBi at 6.175

E28. Antenna Id	E33/34. Diameter Minor/Major (meters)	E35. Above Ground Level (meters)	(meters)	Height Above Ground Level 	Input Power at antenna flange 	Maximum Antenna Height	E40. Total EIRP for al carriers (dBW)
PHANTOM	0.0/0.0	3.2	0.0	0.0	150.0	0.0	63.76

FREQUENCY

	E43/44. Frequency Bands (MHz)	E45. T/R Mode			E48. Maximum EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
PHANTOM	5925 6425	Т	Horizontal and Vertical	18M0G7W	63.8	27.3

E50. Modulation	n and Services (If the	ne complete des	scription does not appear	in this box, please	go to the end of th	ne form to view it in its
entirety.)						
Phase mod	ulation with di	gital vide	o, audio and data			
PHANTOM	5925 6425	Т	Horizontal and Vertical	2M00G7W	54.3	27.3
Phase mod	ulation with di	gital vide	o, audio and data	1		
PHANTOM	5925 6425	Т	Horizontal and Vertical	36M0G7W	63.8	24.3
E50. Modulation entirety.) Phase modulation			scription does not appear and data		go to the end of the	ne form to view it in its

FREQUENCY COORDINATION

		E52/53. Frequency Limits(MHz)	Range of Satellite Arc E/W Limit	Station Azimuth Angle		Station Azimuth Angle	Antenna Elevation Angle	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
PHANTOM	Geostationary	5925 6425	0.0/ 0.0	0.0	5.0	0.0	5.0	-1.05

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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