



American Mobile Satellite Corporation

Leslie A.L. Borden  
Assistant Secretary

10802 Parkridge Blvd  
Reston VA  
20191-5416

ORIGINAL

Direct: 703/758-6136  
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E900081 November 20, 1997

**Granted**  
258-SSA-MP/L-98

date: 12/1/97 - EXP. 4/28/98

VIA COURIER DELIVERY TO MELLON BANK  
authorized by:

signature 12/1/97

Received

DEC 01 1997

Satellite and  
Communications Division  
International Bureau

Ms. Magalie Roman Salas  
Acting Secretary  
Federal Communications Commission  
1919 M Street, N.W.  
Washington, D.C. 20554

Re: Request for Modification of Special Temporary Authority  
File Nos. 681-DSE-MP/L-95, 1846-SSA-MP/L-97

Dear Ms. Roman Salas:

On October 31, the Commission granted AMSC Subsidiary Corporation ("AMSC") Special Temporary Authority ("STA") to operate up to ten half-duplex mobile earth terminals ("METs") with a transmit bandwidth of 25 kHz. FCC File No. 1846-SSA-MP/L-97. This authority expires on April 28, 1998. AMSC now hereby requests that the Commission act by December 1, 1997 to modify this STA to permit the testing of up to 100 terminals.

Under the STA granted on October 31, a customer of AMSC will soon initiate testing of these half-duplex terminals, manufactured by Vistar Telecommunications, Inc. ("Vistar"). In order to verify that these terminals meet its specifications, however, AMSC's customer has determined that it will need to test up to 100 terminals, with this additional testing beginning by December 1, 1997.

Due to the spectrum-efficient design of the Vistar terminal, the additional testing requested here raises no new technical issues. All Vistar terminals will transmit over the same single 25 kHz channel band, and, as a result, the testing of 100 terminals requires no additional bandwidth. In addition, these Vistar terminals will otherwise operate within the parameters of AMSC's existing authorization. The level of out-of-band and spurious emissions from these terminals conforms to Section 25.202(f) of the Commission's rules and to the Memorandum of Understanding among the FCC, NTIA, and the FAA, thus providing sufficient protection to GPS and GLONASS.

Magalie Roman Salas  
November 20, 1997  
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Attached hereto is a check made payable to the Federal Communications Commission for the sum of One Hundred Thirty Dollars (\$130.00) to cover the fee associated with this filing. AMSC hereby certifies that no party to this application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §853(a).

Please address any questions concerning this matter to the undersigned or to Bruce Jacobs at (202) 775-3543.

Very truly yours,

A handwritten signature in black ink, appearing to read "Leslie A.L. Borden". The signature is written in a cursive style with a large initial "L".

Leslie A.L. Borden

cc: Harry Ng  
Frank Peace  
Steve Sharkey

**From:** Steve Sharkey  
**To:** FCCMAIL.SMTPNLM."jvorhies@ntia.doc.gov"  
**Date:** 12/2/97 4:00pm  
**Subject:** AMSC -Reply -Reply

Thanks for the quick turn around Jim. This is what I had called about.

>>> James Vorhies <jvorhies@ntia.doc.gov> 12/02/97 09:27am >>>  
i received copy of request from Fisher Wayland. We would not have  
any objections to modifying STA to increase the number of units to 100.

We are waiting for a response from AMSC to our most recent letter The  
WRC intervened

**CC:** J2.J2.FPEACE

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

(1) LOCKBOX # 358160

FEDERAL COMMUNICATIONS COMMISSION  
**REMITTANCE ADVICE**

PAGE NO. 1 OF 1

SPECIAL USE
FCC USE ONLY

<b>SECTION A - PAYER INFORMATION</b>	
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) Fisher Wayland Cooper Leader and Zaragoza LLP	(3) TOTAL AMOUNT PAID (dollars and cents) \$ 130.00
(4) STREET ADDRESS LINE NO. 1 2001 Pennsylvania Ave., N.W., #400	
(5) STREET ADDRESS LINE NO. 2	
(6) CITY Washington	(7) STATE DC
(9) DAYTIME TELEPHONE NUMBER (Include area code) 202-659-3494	(8) ZIP CODE 20006
(10) COUNTRY CODE (if not in U.S.A.)	

DUPLICATE

IF PAYER NAME THE AND APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B  
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

<b>SECTION B - APPLICANT INFORMATION</b>	
(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card) AMSC Subsidiary Corporation	
(12) STREET ADDRESS LINE NO. 1 10802 Parkridge Boulevard	
(13) STREET ADDRESS LINE NO. 2	
(14) CITY Reston	(15) STATE VA
(17) DAYTIME TELEPHONE NUMBER (Include area code) 703-758-6000	(16) ZIP CODE 20191
(18) COUNTRY CODE (if not in U.S.A.)	

Received

DEC 01 1997

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International Bureau

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

<b>SECTION C - PAYMENT INFORMATION</b>					
(19A) FCC CALL SIGN/OTHER ID	(20A) PAYMENT TYPE CODE (PTC)	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A	FCC USE ONLY	
	C G B	1	\$ 130.00		
(23A) FCC CODE 1	(24A) FCC CODE 2				
(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B	FCC USE ONLY	
			\$		
(23B) FCC CODE 1	(24B) FCC CODE 2				
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C	FCC USE ONLY	
			\$		
(23C) FCC CODE 1	(24C) FCC CODE 2				
(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D	FCC USE ONLY	
			\$		
(23D) FCC CODE 1	(24D) FCC CODE 2				

**SECTION D - TAXPAYER INFORMATION (REQUIRED)**

(25) PAYER TIN 0 5 3 0 1 9 0 5 2 3	(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2 APPLICANT TIN 0 5 2 1 7 3 5 1 0 6
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**SECTION E - CERTIFICATION**

(27) CERTIFICATION STATEMENT:  
I, Stephen J. Berman, Certify under penalty of perjury that the foregoing and supporting information are true and correct to the best of my knowledge, information and belief. SIGNATURE Stephen J. Berman

**SECTION F - CREDIT CARD PAYMENT INFORMATION**

(28) MASTERCARD/VISA ACCOUNT NUMBER:	EXPIRATION DATE:
MASTERCARD	MONTH YEAR
VISA	DATE
I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization(s) herein described.	AUTHORIZED SIGNATURE



