Approved by OMB 3060–0678

Date & Time Filed: Jun 24 2004 1:46:15:630PM File Number: SES–MOD–INTR2004–01269

	FCC Use Only	FCC APPLICATION FOR SPACE AND EARTH STATION:MOD OR AMD – MAIN FORM
FCC 312 MAIN FORM FOR OFFICIAL 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: VS-MOD27 common carrier to non-common carrier

1–8. Legal Name of Ap	plicant		
Name:	Verestar, Inc. (Debtor-in- Possession)	Phone Number:	703–205–2591
DBA Name:		Fax Number:	571-226-5718
Street:	3040 Williams Drive	E-Mail:	scott.lyon@verestar.com
	Suite 600		
City:	Fairfax	State:	VA
Country:	USA	Zipcode:	22031 –
Attention:	Mr Scott H Lyon		

Name:	Arthur Larson	Phone Number:	972-612-1373
Company:	Larson Associates USA, Inc.	Fax Number:	972-612-1279
Street:	1200 Commerce Drive	E-Mail:	alarson@larsonusa.com
	Suite 120		
City:	Plano	State:	TX
Country:	USA	Zipcode:	75093-
Contact Title:	V.P. Engineering	Relationship:	Engineer

CLASSIFICATION OF FILING

17. Choose the button next to the	
classification that applies to this filing for	(N/A) b1. Application for License of New Station
both questions a. and b. Choose only one	(N/A) 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
a1. Earth Station	(N/A) b4. Modification of License or Registration
V V	b5. Assignment of License or Registration
• a2. Space Station	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
	• (N/A) b10. Other (Please specify)

17c. Is a fee submitted with this application?							
If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).							
O Governmental Entity O Noncommercial educational licensee							
• Other(please explain):	• Other(please explain):						
17d.							
Fee Classification A CGX – Fixed Satellite Transmit/Receive Earth Station							
18. If this filing is in reference to an existing station, enter:	19. If this filing is an amendment to a pending ap modification please enter only the file number:	pplication enter both fields, if this filing is a					
(a) Call sign of station:							
E990439 SESLIC1999090901786							

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provid	e 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
○ Common Carrier	Using Non–U.S. licensed satellites
22. If and is and it is INTERNATIONAL COMMON CARDIER	
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: Frequency Upper: (Please specify addition	onal frequencies in an attachment)

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
o c. 12/14 GHz VSAT Network
O d. Mobile Earth Station
• e. Geostationary Space Station
• f. Non–Geostationary Space Station
• g. Other (please specify)
26. TYPE OF EARTH STATION FACILITY:
Transmit/Receive Transmit–Only Receive–Only N/A
"For Space Station applications, select N/A."

PURPOSE OF MODIFICATION



ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental	🔿 Yes 👩 No
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.	

ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronautical en route or aeronautical fixed radio station services are not required to respond to Items 30–34.

29. Is the applicant a foreign government or the representative of any foreign government?	0	Yes	۲	No	0	N/A
30. Is the applicant an alien or the representative of an alien?	0	Yes	0	No	۲	N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	0	Yes	0	No	۲	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?	0	Yes	0	No	۲	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?

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	

O Yes O No ⊚ N/A

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.	• Yes	O 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.

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 No

Yes

42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station?

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.)

Application is for modification of authorization to change the regulatory status from common carrier to non-common carrier. No other changes are being made. All technical parameters shall remain the same.

Exhibit 1

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.	Applicant	is a	(an): (Choose	the button	next to	applicable	response.)
			(). (

\mathbf{O}	Individual

0	Unincorporated Association
---	----------------------------

- O Partnership
- Corporation
- O Governmental Entity
- Other (please specify)

	45. Name of Person Signing Scott H. Lyon		46. Title of Person Signing Assistant General Counsel					
47	47. Please supply any need attachments.							
A	Attachment 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).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD–PERM, Paperwork Reduction Project (3060–0678), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to jboley@fcc.gov. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060–0678.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104–13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.