Date & Time Filed: Feb 16 2017 6:32:07:130AM File Number: SES-MOD-INTR2017-00409

FCC APPLICATION FOR SPACE AND EARTH STATION:MOD OR AMD – MAIN FORM	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: Modify SNG for KCBS-TV Vertex 1.35m @ 350W (E990038)

1–8. Lega	ll Name of Ap	plicant		
	Name:	CBS Communications Services Inc.	Phone Number:	202–457–4505
	DBA Name:		Fax Number:	202-457-4615
	Street:	1725 DeSales Street NW	E-Mail:	elnass@cbs.com
		Suite 501		
	City:	Washington	State:	DC
	<b>Country:</b>	USA	Zipcode:	20036 –
	Attention:	Mr Edwin L Nass		

9–16. Name of Contact Representative

Name: CBS Communications Services Phone Number: 202–457–4518

Inc.

**Company: Fax Number:** 202–457–4615

Street: 1725 DeSales Street NW E-Mail: dryson@cbs.com

Suite 501

City: Washington State: DC

**Country:** USA **Zipcode:** 20036–4426

Attention: Daniel G. Ryson Relationship: Same

**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.	(N/A) b1. Application for License of New Station (N/A) b2. Application for Registration of New Domestic Receive—Only Station b3. Amendment to a Pending Application				
a1. Earth Station a2. Space Station	<ul> <li>b4. Modification of License or Registration</li> <li>b5. Assignment of License or Registration</li> <li>b6. Transfer of Control of License or Registration</li> <li>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>(N/A) b10. Other (Please specify)</li> <li>(N/A) 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>(N/A) b12. Application for Database Entry</li> <li>b13. Amendment to a Pending Database Entry Application</li> <li>b14. Modification of Database Entry</li> </ul>				
17c. Is a fee submitted with this application of the submitted with th	159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).				
7d.  Fee Classification 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 application enter both fields, if this filimodification please enter only the file number:			
(a) Call sign of station:	(a) Date pending application was filed:	(b) File number:		
E990038		SESRWL2009022000198		
TYPE OF SERVICE				
20. NATURE OF SERVICE: This filing	is for an authorization to provide or use the follo	wing 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				

21. STATUS: Choose t	he button next to the applicable status. Choose	22. If eart
only one.		Using
Common Carrier	Non-Common Carrier	Using

th station applicant, check all that apply. g U.S. licensed satellites Using Non–U.S. licensed satellites

23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Choose one. Are these facilities:

O Connected to a Public Switched Network Not connected to a Public Switched Network

f. Digital Audio Radio Service

g. Other (please specify)

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: (Please specify additional frequencies in an attachment)
TWING OF CHATION
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
o c. 12/14 GHz VSAT Network
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

27. The purpose of this proposed modification is to: (Place an 'X' in the box(es) next to all that apply.)
a — authorization to add new emission designator and related service
b — authorization to change emission designator and related service
c — authorization to increase EIRP and EIRP density
d — authorization to replace antenna
e — authorization to add antenna
f — authorization to relocate fixed station
g — authorization to change frequency(ies)
h — authorization to add frequency
i — authorization to add Points of Communication (satellites & Double
j — authorization to change Points of Communication (satellites & Double of Communication (satellites & Doub
k — authorization for facilities for which environmental assessment and
radiation hazard reporting is required
1 — authorization to change orbit location
m — authorization to perform fleet management
n — authorization to extend milestones
o — Other (Please specify)

#### **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 RF Exposure Study

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?	٥	Yes	•	No		
30. Is the applicant an alien or the representative of an alien?	٥	Yes	•	No	0	N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	٥	Yes	•	No	0	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	•	No	0	N/A

	<del></del>	
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	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.	• 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	• 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	<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, 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.)

This facility will be utilized for news and event coverage for television station KCBS-TV, CBS Television, and other CBS Television affiliates.

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 <sub>B</sub>
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.	<b>o</b> 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.

44. Applicant is a (an): (Choose the button next to applie	cable response.)	
O Individual		
O Unincorporated Association		
O Partnership		
Corporation		
Governmental Entity		
Other (please specify)		
-		
45. Name of Person Signing	46. Title of Person Signing	
Edwin L. Nass	Vice President	
>	-	

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 Sta	ation Site			
E1: Site Identifier:	1	E5. Call Sign:		
E2: Contact Name	Edwin L. Nass	E6. Phone Number:	202-457-4505	
E3. Street:		E7. City:		
		E8. County:		
E4. State		E9. Zip Code		
E10. Area of Operat	ion:	United States		
E11. Latitude:	0 °0 '0.0 "			
E12. Longitude:	0 °0 '0.0 "			
E13. Lat/Lon Coord	inates are:	O NAD-27	O 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.

E16. If the proposed antenna(s) do not operate in the Fixed Satellite Set Satellite Service (FSS) with non–geostationary satellites, do(es) the progain patterns specified in Section 25.209(a2) and (b) as demonstrated by measurements?	<b>O</b> Yes	O No	● N/A	
E17. Is the facility operated by remote control? If YES, provide the loca point.	ation and telephone number of the control	O Yes	•	No
E18. Is frequency coordination required? If YES, attach a frequency coordination	ordination report as	1		
12.18. Is frequency coordination required: If TES, attach a frequency coordination required:	ordination report as	• Yes	•	No
E19. Is coordination with another country required? If YES, attach the coordination contours as	name of the country(ies) and plot of	O Yes	•	No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.1 have you attached a copy of a completed FCC Form 854 and/or the FAZ the structure to aviation?  FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL APPLICATION.	A's study regarding the potential hazard of	O Yes	•	No
POINTS OF COMMUNICATION				
Satellite Name: PERMITTED LIST   If you selected OTHER, ple	ease enter the following:			
E21. Common Name:	E22. ITU Name:			
E23. Orbit Location:	E24. Country:			
POINTS OF COMMUNICATION (Destination Points)	•			
E25. Site Identifier: 1				

E26. Common Name:	E27. Country: USA
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# ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer		Size <meters></meters>	E41/42. Antenna Gain Transmint and/or Recieve (dBi atGHz)
1	1	1	General Dynamics	C135M	1.35	44.5 dBi at 14.25

Id	Diameter	E35. Above Ground Level (meters)	` /	Height Above Ground Level	Input Power at	E39. Maximum Antenna Height Above Rooftop (meters)	EIRP for al
1	1.35/1.35	4.0	0.0	0.0	350.0	0.0	69.94

# FREQUENCY

E28. Antenna Id	E43/44. Frequency Bands (MHz)			Designator	EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
1	11700 12200	R	Horizontal and Vertical	36M0G7W	0.0	0.0

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.)

MCPC Digital Carrier for Voice/Audio/Data

1	14000	Т	Horizontal and	36M0G7W	69.94	30.39
	14500		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.)

MCPC Digital Carrier for Voice/Audio/Data

## FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	Frequency Limits(MHz)	Range of Satellite Arc Eastern/West	Station Azimuth	Antenna Elevation Angle	Station Azimuth Angle	Antenna Elevation Angle Western	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
1	Geostationary	14000 14500	60.0/140.0	0.0	5.0	0.0	5.0	0.0

REMOTE CONTROL POINT LOCATION

E61. Call Sign		E66. Phone Number		
NOTE: Please enter the callsign of the controcallsign for which this application is being filed.				
E62. Street Address				
E63. City	E68. County		E67/68. State/Country	E64. Zip Code

#### FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

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