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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:

Modification of E140029 to Add EM Solutions Cobra

1–8. Legal Name of A	applicant		
Name:	ISAT US Inc.	Phone Number:	703-883-7444
DBA Name:		Fax Number:	202-248-5177
Street:	1101 Connecticut Avenue NW	E-Mail:	giselle.creeser@inmarsat.com
	Suite 1200		
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 –
Attention	: Giselle Creeser		

9–16. Name of Contact Representative

Name: Giselle Creeser Phone Number: 703–883–7444

Company: ISAT US Inc. Fax Number: 202–248–5177

Street: 1101 Connecticut Avenue NW E-Mail: giselle.creeser@inmarsat.com

Suite 1200

City: Washington State: DC

Country: USA Zipcode: 20036–

Attention: 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.

a1. Earth Station

a2. Space Station

(N/A) b1. Application for License of New Station

(N/A) b2. Application for Registration of New Domestic Receive-Only Station

o b3. Amendment to a Pending Application

b4. Modification of License or Registration

b5. Assignment of License or Registration

b6. Transfer of Control of License or Registration

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)

(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

(N/A) b12. Application for Database Entry

b13. Amendment to a Pending Database Entry Application

b14. Modification of Database Entry

17c. Is a fee submitted with this application If Yes, complete and attach FCC Form	on? 159. If No, indicate reason for fee exemption (s	ee 47 C.F.R.Section 1.1114).	
Governmental Entity Noncommercial educational licensee			
Other(please explain):			
17d.			
Fee Classification CGV – Fixed Satellite VSAT System			
18. If this filing is in reference to an existing station, enter:	19. If this filing is an amendment to a pending a modification please enter only the file number:	pplication enter both fields, if this filing is a	
(a) Call sign of station: E140029	(a) Date pending application was filed:	(b) File number:	
L14002)		SESMOD2016113000917	

TYPE OF SERVICE

se the following type(s) of service(s): Select all that apply:
f earth station applicant, check all that apply.
Jsing U.S. licensed satellites
Jsing Non–U.S. licensed satellites
e, see instructions regarding Sec. 214 filings. Choose one. Are these
Switched Network N/A
ble frequency band(s).
Please specify additional 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
c. 12/14 GHz VSAT Network
d. Mobile Earth Station
e. Geostationary Space Station
f. Non-Geostationary Space Station
g. Other (please specify) Earth station on fixed/moving platforms
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)
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

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, aeron aeronautical fixed radio station services are not required to respond to Items 30–34.	autic	al en	ı rou	ite or		
29. Is the applicant a foreign government or the representative of any foreign government?	0	Yes	•	No		
30. Is the applicant an alien or the representative of an alien?	0	Yes	0	No	•	N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	0	Yes	0	No	•	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	•	N/A

 $lackbox{ Yes } lackbox{ No}$

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental

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?	0	Yes	0	No	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	C) 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.		● `	Yes		y 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	⊚ 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	⊘ 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.	Yes Exhibit B	O 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? United Kingdom	, what administr	ation has

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.)

ISAT US seeks to modify its Global Xpress Ka-band maritime blanket earth station license, Call Sign E140029, to add a new GX Earth station terminal type that will communicate with the Inmarsat-5 F2 and Inmarsat-5 F3 satellites.

Exhibit 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
	Exhibit 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 applicable response.)	
o Individual	
 Unincorporated Association 	
• Partnership	
Corporation	
Governmental Entity	
Other (please specify)	
45. Name of Person Signing	46. Title of Person Signing
Giselle Creeser	Director, Regulatory
>	
	ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT EVOCATION OF ANY STATION AUTHORIZATION 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 St	tation Site				
E1: Site Identifier:	Remote 8	E5. Call Sign:	E140029		
E2: Contact Name	Kevin Baker	E6. Phone Number:	808-469-7104		
E3. Street:	6211 Glen Circle	E7. City:	Lino Lakes		
		E8. County:	Anoka		
E4. State	MN	E9. Zip Code	55014		
E10. Area of Opera	tion:	South Atlantic Ocea	n Region		
E11. Latitude:	0 °0 '0.0 "				
E12. Longitude:	0 °0 '0.0 "				
E13. Lat/Lon Coord	linates are:	O 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 as a technical analysis showing compliance with two–degree spacing policy.

E16. If the proposed antenna(s) do not operate in the Fixed Satellite Ser Satellite Service (FSS) with non–geostationary satellites, do(es) the propagin patterns specified in Section 25.209(a2) and (b) as demonstrated by measurements?	posed antenna(s) comply with the antenna	O Yes	O No	⊚ N/A
E17. Is the facility operated by remote control? If YES, provide the locar point.	tion and telephone number of the control	Yes	٥	No
E18. Is frequency coordination required? If YES, attach a frequency coo	rdination report as	O Yes	•	No
E19. Is coordination with another country required? If YES, attach the n coordination contours as	ame of the country(ies) and plot of	O Yes	•	No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25.11 have you attached a copy of a completed FCC Form 854 and/or the FAA the structure to aviation? FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL FAPPLICATION.	a's study regarding the potential hazard of	O Yes	•	No
POINTS OF COMMUNICATION				
Satellite Name: INMARSAT 5F3 INMARSAT 5F3 179.6 E.L. If yo	ou selected OTHER, please enter the followi	ng:		
E21. Common Name:	E22. ITU Name:			
E23. Orbit Location: E24. Country:				

Satellite Name: INMARSAT 5F2 | INMARSAT 5F2 | 55.0 W.L. If you selected 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	E32. Antenna Size <meters></meters>	E41/42. Antenna Gain Transmint and/or Recieve (dBi atGHz)
Remote 8	EM Cobra	4000	EM Solutions	Cobra	1.0	49.4 dBi at 30
Remote 8	EM Cobra	4000	EM Solutions	Cobra	1.0	46.0 dBi at 19.7
Remote 8	EM Cobra	4000	EM Solutions	Cobra	1.0	46.1 dBi at 20.2
Remote 8	EM Cobra	4000	EM Solutions	Cobra	1.0	48.0 dBi at 29.5

Id	Diameter		, ,	Height Above Ground Level	Input Power at antenna flange	E39. Maximum Antenna Height Above Rooftop (meters)	EIRP for al
EM Cobra	1.0/1.0	0.0	0.0	0.0	16.0	0.0	61.4

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)
EM Cobra	19700 20200	R	Left Hand Circular	32M0G7W	0.0	0.0
E50. Modulation entirety.) Modulation			Lation up to 32		o to the end of the form	to view it in its
EM Cobra	29500 30000	Т	Right Hand Circular	3M56G7W	55.0	25.5
E50. Modulation entirety.)	and Services (If the	he complete descrip	otion does not appear in	this box, please go	to the end of the form	to view it in its
Modulation	and Services	Various modul	lation up to 32	APSK Digital	Data Link	
EM Cobra	29500 30000	Т	Right Hand Circular	7M11G7W	58.0	25.5

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.)

Modulation and Services Various modulation up to 32 APSK Digital Data Link

FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	E52/53. Frequency Limits(MHz)	Range of Satellite Arc Eastern/West	Station Azimuth Angle	E57. Antenna Elevation Angle Eastern Limit	Station Azimuth Angle	Antenna Elevation	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
EM Cobra	Geostationary	19700 20200	0.0/360.0	0.0	5.0	0.0	5.0	0.0
	Geostationary	29500 30000	0.0/360.0	0.0	5.0	0.0	5.0	-9.0

REMOTE CONTROL POINT LOCATION

E61. Call Sign E120072 NOTE: Please enter the callsign of the contro callsign for which this application is being filed.	E66. Phone Number 808–469–7104			
E62. Street Address 6211 Glen Circle				
E63. City Lino Lakes	E68. County Anoka		E67/68. State/Country MN/ USA	E64. Zip Code 55014

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