Approved by OMB 3060–0678

Date & Time Filed: May 31 2006 11:18:00:776AM File Number: SES–REG–INTR2006–01410 Callsign/Satellite ID:

APP	LICATION FOR EARTH STATION	AUTHORIZATIONS	FCCL	Jse Only
	FCC 312 MAIN FORM FOR OFFI	CIAL USE ONLY		
APPLICANT INFORM	MATION			
	this application to identify it on th	e main menu:		
Registration of a 3.7 m	neter C-band R/O earth station at	WVSD		
-8. Legal Name of App	licant			
Name:	Mississippi Valley State University	Phone Number:	662-254-3	611 x662
DBA Name:		Fax Number:	662-254-3	611
Street:	14000 Highway 82 W	E-Mail:	wyoung@n	nvsu.edu
City:	Itta Bena	State:	MS	
<b>Country:</b>	USA	Zipcode:	38941	-1400
Attention:	Mrs Wanda R Young			

me of Contact	Representative		
Name:	Wanda Young	Phone Number:	662–254–3611
Company:	Mississippi Valley State University	Fax Number:	
Street:	1400 Highway 82 W	E–Mail:	
City:	Itta Bena	State:	MS
<b>Country:</b>	USA	Zipcode:	38941-
Attention:		<b>Relationship:</b>	

## 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.	<ul> <li>b.</li> <li>b1. Application for License of New Station</li> <li>b2. Application for Registration of New Domestic Receive–Only Station</li> </ul>
a. al. Earth Station (N/A) a2. Space Station	<ul> <li>(N/A) b3. Amendment to a Pending Application</li> <li>(N/A) b4. Modification of License or Registration</li> <li>(N/A) b5. Assignment of License or Registration</li> <li>(N/A) b6. Transfer of Control of License or Registration</li> <li>(N/A) b7. Notification of Minor Modification</li> <li>(N/A) b8. Application for License of New Receive–Only Station Using Non–U.S. Licensed</li> <li>Satellite</li> <li>(N/A) b9. Letter of Intent to Use Non–U.S. Licensed Satellite to Provide Service in the United</li> <li>States</li> <li>b10. Other (Please specify)</li> <li>b11. Application for Earth Station to Access a Non–U.S.satellite Not Currently Authorized to</li> <li>Provide the Proposed Service in the Proposed Frequencies in the United States.</li> </ul>

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).						
Governmental Entity 👩 Noncommercial educational licensee						
• Other(please explain):	O Other(please explain):					
17d.						
Fee Classification CMO – Receive Only E	arth Station					
<ul><li>18. If this filing is in reference to an existing station, enter:</li><li>(a) Call sign of station: Not Applicable</li></ul>	<ul><li>19. If this filing is an amendment to a pending application was filed:</li><li>Not Applicable</li></ul>	oplication enter: (b) File number of pending application: Not Applicable				

## 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:
x 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
23. If applicant is providing INTERNATIONAL COMMON CARRIER s facilities:	ervice, 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	pplicable frequency band(s).
<b>a</b> . C–Band (4/6 GHz) <b>b</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.

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?	O Yes ● No
30. Is the applicant an alien or the representative of an alien?	O Yes ● No O N/A

No No

31. Is the applicant a corporation organized under the laws of any foreign government?	O Yes	● 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?	O Yes	● <sup>No</sup>	O 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 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.	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	● 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 attemptiing 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	lo No

<ul> <li>a. By checking Yes, the undersigned certifies, that neither applicant nor any other party to the application is abject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 7 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.</li> </ul>	• Yes	O No
2a. Does the applicant intend to use a non–U.S. licensed satellite to provide service in the United States? If Yes, nswer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, roceed to question 43.	O Yes	● No
nswer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No,		

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.)

Registration for a C-band receive/only earth station to provide distribution of Public Radio programming over the applicant's system.

#### 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.)

Individual

O Unincorporated Association

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

University

45. Name of Person Signing Wanda Young		46. Title of Person Signing Broadcast Coord.	
7. Please supply any need attachment	S.		
Attachment 1:	Attachment 2:		Attachment 3:
(U.S. Code, Tit	MENTS MADE ON THIS FOI le 18, Section 1001), AND/OR 47, Section 312(a)(1)), AND/O	REVOCATION OF ANY S	

#### SATELLITE EARTH STATION AUTHORIZATIONS FCC Form 312 – Schedule B:(Technical and Operational Description) FOR OFFICIAL USE ONLY

Location of Earth St	ation Site			
E1: Site Identifier:	WVSD	E5. Call Sign:		
E2: Contact Name	Kurt Scheorder	E6. Phone Number:	662–254–3611	
E3. Street:	14000 Highway 82 West #7221	E7. City:	Itta Bena	
		E8. County:	Leflore	
E4. State	MS	E9. Zip Code	38941	
E10. Area of Operat	tion:	Itta Bena, MS		
E11. Latitude:	33 °31 '5.0 "N			
E12. Longitude:	90 °20 '38.0 "W			
E13. Lat/Lon Coord	linates are:	ONAD-27	NAD-83	O <sup>N/A</sup>
E14. Site Elevation	(AMSL):	38.4 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.	• Yes	● <sup>No</sup>	O <sup>N/A</sup>
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	O <sup>No</sup>	● <sup>N/A</sup>
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	O Yes	۲	No

E18. Is frequency coordination required? If YES, attach a frequency coordination report as	۲	Yes	<b>O</b> N	10
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	0	Yes	<b>o</b> N	10
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.	0	Yes	<b>()</b> N	Io

#### POINTS OF COMMUNICATION

Satellite Name: ALSAT | ALL AUTHORIZED U.S. | ALSAT 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: WVSD	
E26. Common Name:	E27. Country:USA

# ANTENNA

Site ID	E28. Antenna Id		E30. Manufacturer		Size <meters></meters>	E41/42. Antenna GainTransmint and/or Recieve (dBi at GHz)
WVSD	3.7M	1	Prodelin	3.7 M	3.7	42.1 dBi at 4

E28. Antenna Id	E33/34. Diameter Minor/Major (meters)	E35. Above Ground Level  (meters)	E36. Above Sea Level  (meters)	0	Input Power at antenna flange 		E40. Total EIRP for al carriers  (dBW)
3.7M	0.0/0.0	4.7	43.1	0.0	0.0	0.0	0.0

FREQUENCY

F		E43/44. Frequency Bands (MHz)	E45. T/R Mode			E48. Maximum EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
3	3.7M	3700.0 4200.0	R	Horizontal and Vertical	10M3G7W	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.)

Digital Au	dio Carrier					
3.7M	3700.0 4200.0	R	Horizontal and Vertical	30K0F1D	0.0	0.0
E50. Modulation entirety.)	and Services (If the	he complete description	on does not appear i	in this box, please g	to the end of	the form to view it in its
Digital Au	dio Carrier					

### FREQUENCY COORDINATION

E28. Antenna Id	E51. Satellite Orbit Type	E52/53. Frequency Limits(MHz)	E54/55. Range of Satellite Arc E/W Limit	E56. Earth Station Azimuth Angle Eastern Limit	E57. Antenna Elevation Angle Eastern Limit	E58. Earth Station Azimuth Angle Western Limit	E59. Antenna Elevation Angle Western Limit	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
3.7M	Geostationary	3700.0 4200.0	60.0/ 143.0	133.3	39.3	247.2	22.3	0.0

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

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

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