

**FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS
FCC Form 312 - Schedule B: (Technical and Operational Description)**

If VSAT Network, provide the SITE-ID (Item B1b) of the station that B8-B13 are in response to (HUB, REMOTE1, etc.): _____

<p>B8. 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 measurements? If NO, provide as an exhibit, a technical analysis showing compliance with two-degree spacing policy.</p>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO												
<p>B9. 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 measurement?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												
<p>B10. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												
<p>Remote Control Point Location:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">B10a. Street Address</td> <td style="width:30%; padding: 2px;">B10c. County</td> <td style="width:30%; padding: 2px;">B10d. State/Country</td> </tr> <tr> <td style="padding: 2px;">B10b. City</td> <td colspan="2" style="padding: 2px;">B10e. Zip Code</td> </tr> <tr> <td colspan="3" style="padding: 2px;">B10f. Telephone Number</td> </tr> <tr> <td colspan="3" style="padding: 2px;">B10g. Call Sign of Control Station (if appropriate)</td> </tr> </table>			B10a. Street Address	B10c. County	B10d. State/Country	B10b. City	B10e. Zip Code		B10f. Telephone Number			B10g. Call Sign of Control Station (if appropriate)		
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<p>B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												
<p>B12. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as an exhibit.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												
<p>B13. FAA Notification - (See 47 CFT Part 17 and 47 CFT 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? EXISTING FACILITY FAILURE TO COMPLY WITH 47 CFT PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												