

FCC 312

Main Form

FEDERAL COMMUNICATIONS COMMISSION**APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS**Approved by OMB
3060-0678Est. Avg. Burden Hours
Per Response: 11 Hrs.

FCC Use Only

File Number:

Call Sign:

Fee Number:

APPLICANT INFORMATION

1. Legal Name of Applicant Universal Space Network, Inc.		2. Voice Telephone Number (949) 476 - 3432	
3. Other Name Used for Doing Business (if any)		4. Fax Telephone Number (949) 851 - 9485	
5. Mailing Street Address or P.O. Box 1501 Quail Street		6. City Newport Beach	
ATTENTION: JOANNE GREET-SWANK (215) 328-9130		7. State/Country (if not U.S.A.) California	8. Zip Code 92660
9. Name of Contact Representative (If other than applicant)		10. Voice Telephone Number	
11. Firm or Company Name		12. Fax Telephone Number	
13. Mailing Street Address or P.O. Box		14. City	
ATTENTION:		15. State/Country (if not U.S.A.)	16. Zip Code

CLASSIFICATION OF FILING

17. Place an "X" in the box next to the classification that applied to this filing for both questions a. and b. Mark only one box for 17a and only one box for 17b.		
<input checked="" type="checkbox"/> a1. Earth Station	<input type="checkbox"/> b1. Application for License of New Station	<input type="checkbox"/> b6. Transfer of Control of License or Registration
<input type="checkbox"/> a2. Space Station	<input type="checkbox"/> b2. Application for Registration of New Domestic Receive-Only Station	<input type="checkbox"/> b7. Notification of Minor Modification
	<input type="checkbox"/> b3. Amendment to a Pending Application	<input type="checkbox"/> b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite
	<input type="checkbox"/> b4. Modification of License or Registration	<input type="checkbox"/> b9. Letter of Intent to Use Non-U.S. Licensed Satellite to provide Service in the United States
	<input type="checkbox"/> b5. Assignment of License or Registration	<input checked="" type="checkbox"/> b10. Other (Please Specify): <u>Application to Request STA</u>
18. If this filing is in reference to an existing station, enter: Call sign of station:		19. If this filing is an amendment to a pending application enter (a) Date pending application was filed: (b) File number of pending application:

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Place an "X" in the box(es) next to all that apply.		
<input type="checkbox"/> a. Fixed Satellite	<input type="checkbox"/> c. Radiodetermination Satellite	<input type="checkbox"/> e. Direct to Home Fixed Satellite
<input type="checkbox"/> b. Mobile Satellite	<input type="checkbox"/> d. Earth Exploration Satellite	<input checked="" type="checkbox"/> g. Other (Please Specify) <u>Launch and Early Orbit Support (LEOP)</u>
21. STATUS:		22. If earth station applicant, place an "X" in the box(es) next to all that apply.
<input type="checkbox"/> a. Common Carrier	<input checked="" type="checkbox"/> b. Non-Common Carrier	<input type="checkbox"/> a. Using U.S. licensed satellites
		<input checked="" type="checkbox"/> b. Using Non-U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Mark only one box. Are these facilities:		
<input type="checkbox"/> a. Connected to the Public Switched Network	<input type="checkbox"/> b. Not connected the Public Switched Network	N/A
24. FREQUENCY BAND(S): Place and "X" in the box(es) next to all applicable frequency band(s).		
<input type="checkbox"/> a. C-Band (4/6 GHz)		
<input type="checkbox"/> b. Ku-Band (12/14 GHz)	<input checked="" type="checkbox"/> c. Other (please specify) <u>S-Band</u>	

TYPE OF STATION

25. CLASS OF STATION: Place an "X" in the box next to the class of station that applies. Mark only one box.					
<input checked="" type="checkbox"/> a. Fixed Earth Station	<input type="checkbox"/> b. Temporary-Fixed Earth Station	<input type="checkbox"/> c. 12/14 GHz VSAT Network	<input type="checkbox"/> d. Mobile Earth Station	<input type="checkbox"/> e. Space Station	<input type="checkbox"/> f. Other (Specify) _____
If space station applicant, go to Question 27.					
26. TYPE OF EARTH STATION FACILITY Mark only one box.					
<input checked="" type="checkbox"/> a. Transmit/Receive	<input type="checkbox"/> b. Transmit-Only	<input type="checkbox"/> c. Receive-Only			

PURPOSE OF MODIFICATION OR AMENDMENT

27. The purpose of this proposed modification or amendment is to: Place and "X" in the box(es) next to all that apply.	
	<input type="checkbox"/> a – authorization to add new emission designator and related service
	<input type="checkbox"/> b – authorization to change emission designator and related service
	<input type="checkbox"/> c – authorization to increase EIRP and EIRP density
	<input type="checkbox"/> d – authorization to replace antenna
	<input type="checkbox"/> e – authorization to add antenna
	<input type="checkbox"/> f – authorization to relocate fixed station
	<input type="checkbox"/> g – authorization to change assigned frequency(ies)
	<input type="checkbox"/> h – authorization to add Points of Communication (satellites & countries)
	<input type="checkbox"/> i – authorization to change Points of Communication (satellites & countries)
	<input type="checkbox"/> j – authorization for facilities for which environmental assessment and radiation hazard reporting is required
	<input type="checkbox"/> k – 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.		
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
A Radiation Hazard Study must accompany all applications as an exhibit for new transmitting facilities, major modifications, or amendments. Refer to OET Bulletin 65.		

ALIEN OWNERSHIP

29. Is the applicant a foreign government or the representative of any foreign government?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
30. Is the applicant an alien or the representative of an alien?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. Is the applicant a corporation organized under the laws of any foreign government?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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 there of or by any corporation organized under the laws of a foreign country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit, the 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 exception with supporting documents.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
36. Has the applicant or any party to this application 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 explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
37. Has the applicant, or any party to this application, 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 explanation of the circumstances	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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 radios apparatus, exclusive traffic arrangement or any other mean or unfair method of competition? If Yes, attach as an exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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 exhibit, an explanation of the circumstances.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, addresses, and citizenship of those stockholders owing of record and/ or voting 10 percent or more of the Filer's voting stock and the percentages so help. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directions of the Filer.		
41. By checking Yes, the undersigned certifies, that neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 or 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.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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? <u>International Telecommunication Union</u>		

43. Description. (Summarize the nature of the application and the services to be provided).

Universal Space Network's ground station near North Pole, Alaska will be used to assist CNES during the launch and early orbit phase (LEOP) of the Helios-2B spacecraft. The LEOP operations shall consist of a period of 14 days in the nominal case.

Exhibit No.	Identify all exhibits that are attached to this application.
A	Frequency Coordination Report

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): (Place an "X" in the box next to applicable response.)

- a. Individual b. Unincorporated Association c. Partnership d. Corporation e. Governmental Entity e. Other
(Please specify) _____

45. Typed Name of Person Signing
Joanne Greet-Swank

46. Title of Person Signing
Manager, Contract Administration and Compliance

47. Signature

48. Date
9 November 2009

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).

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS
Technical and Operational Description)
(Place an "X" in one of the blocks below)

License of New Station Registration of new Domestic Receive-Only Station Amendment to a Pending Application Modification of License/Registration Notification of Minor Modification

B1. Location of Earth Station Site. If temporary-fixed, mobile, or VSAT remote facility, specify area of operation and point of contact. If VSAT hub station, give its location. For VSAT networks attach individual Schedule B, Page 1 sheets for each hub station and each remote station. Individually provide the Location, Points of Communications, and Destination Points for each hub and remote station.

B1a. Station Call Sign		B1b. Site identifier (HUB, REMOTE1, etc.) USAK01		B1c. Telephone Number (907) 490-3064		B1j. Geographic Coordinates N/S, Deg. - Min. - Sec. - E/W		B1k. Lat./Lon. Coordinates are:	
B1d. Mailing Street Address of Station or Area of Operation 1465 North Bradway Road				B1e. Name of Contact Person Joanne Greet-Swank				<input type="checkbox"/> NAD-27 <input checked="" type="checkbox"/> NAD-83	
B1f. City North Pole		B1g. County North Star Borough - Fairbanks		B1h. State Alaska	B1i. Zip Code 99705		B1l. Site Elevation (AMSL) 140.7 meters		

B2. Points of Communications: List the names and orbit locations of all satellites with which this earth station will communicate. The entry "ALSAT" is sufficient to identify the names and locations of all satellite facilities licensed by the U.S. All non-U.S. licensed satellites must be listed individually.

Satellite Name and Orbit Location	Satellite Name and Orbit Location	Satellite Name and Orbit Location
Helios-2B		

B3. Destination points for communications using non-U.S. licensed satellites. For each non-U.S. licensed satellite facility identified in section B2 above, specify the destination point(s) (countries) where the services will be provided by this earth station via each non-U.S. license satellite system. Use additional sheets as needed.

Satellite Name	List of Destination Points
Helios-2B	CNES (France)

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

B4. Earth Station Antenna Facilities: Use additional pages as needed.

(a) Site ID*	(b) Antenna ID**	(c) Quantity	(d) Manufacturer	(e) Model	(f) Antenna Size (meters)	(g) Antenna Gain Transmit and/or Receive (____dBi at ____GHz)
USAK01	AK-13M	1	Datron	1453	13.0	46.9 dBi at 2.200 GHz
						45.9 dBi at 2.100 GHz

B5. Antenna Heights and Maximum Power Limits: (The corresponding Antenna ID in tables B4 and B5 applies to the same antenna)

(a) Antenna ID**	(b) Antenna Structure Registration No.	Maximum Antenna Height		(e) Building Height Above Ground Level (meters)***	(f) Maximum Antenna Height Above Rooftop (meters)***	(g) Total Input Power at antenna flange (Watts)	(h) Total EIRP for all carriers (dBW)
		(c) Above Ground Level (meters)	(d) Above Mean Sea Level (meters)				
AK-13M		20.0	160.7			200.0	68.9

Notes: * If this is an application for a VSAT network, identify the site (Item B1b, Schedule B, Page 1) where each antenna is located. Also include this Site-ID on Schedule B, Page 5.
 ** Identify each antenna in VSAT network or multi-antenna station with a unique identifier, such as HUB, REMOTE1, A1, A2, 10M, 12M, 7M, etc. Use this same antenna ID throughout tables B4, B5, B6, and B7 when referring to the same antenna.
 *** Attach sketch of site or exemption, See 47 CFR Part 17.

**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.): _____

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.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	N/A																		
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?	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO																			
B10. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO																			
Remote Control Point Location:																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="6" style="padding: 2px;">B10a. Street Address 417 Caredean Drive, Suite A</td> </tr> <tr> <td style="width:33%; padding: 2px;">B10b. City Horsham</td> <td style="width:33%; padding: 2px;">B10c. County Montgomery</td> <td style="width:17%; padding: 2px;">B10.d. State/Country PA</td> <td colspan="3" style="padding: 2px;">B10e. Zip Code 19044</td> </tr> <tr> <td colspan="2" style="padding: 2px;">B10f. Telephone Number 215-328-9130</td> <td colspan="4" style="padding: 2px;">B10g. Call Sign of Control Station (if appropriate)</td> </tr> </table>						B10a. Street Address 417 Caredean Drive, Suite A						B10b. City Horsham	B10c. County Montgomery	B10.d. State/Country PA	B10e. Zip Code 19044			B10f. Telephone Number 215-328-9130		B10g. Call Sign of Control Station (if appropriate)			
B10a. Street Address 417 Caredean Drive, Suite A																							
B10b. City Horsham	B10c. County Montgomery	B10.d. State/Country PA	B10e. Zip Code 19044																				
B10f. Telephone Number 215-328-9130		B10g. Call Sign of Control Station (if appropriate)																					
B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit.	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO																			
B12. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as an exhibit.	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO																			
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? FAILURE TO COMPLY WITH 47 CFT PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO																			