

**FEDERAL COMMUNICATIONS COMMISSION**  
**SATELLITE EARTH STATION AUTHORIZATIONS**  
**(Technical and Operational Description)**

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 <b>E000127</b>	B1b. Site Identifier (HUB, REMOTE1, etc.)	B1c. Telephone Number <b>808-682-2989</b>	B1j. Geographic Coordinates Deg. - Min. - Sec. - E/W N/S	B1k. Lat./Lon. Coordinates are: <input type="checkbox"/> NAD-27 <input checked="" type="checkbox"/> NAD-83
B1d. Street Address of Station or Area of Operation <b>91-340 Farrington Highway</b>		B1e. Name of Contact Person <b>Douglas Anthony Harris</b>		Lat. <u>  21  </u> <u>  20  </u> <u>  12.6  </u> <u>  N  </u> Lon. <u> 158 </u> <u>    5  </u> <u>  22.1  </u> <u>  W  </u>
B1f. City <b>Kapolei</b>	B1g. County	B1h. State <b>HI</b>	B1i. Zip Code <b>96707</b>	B1l. Site Elevation (AMSL) _____ 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

**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. licensed satellite system. Use additional sheets as needed.

Satellite Name	List of Destination Points

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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)

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)				

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.



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B7. Particulars of Operation (Full particulars are required for each r.f. carrier): Use additional pages as needed.

(a) Antenna ID*	(b) Frequency Bands (MHz)	(c) T/R Mode **	(d) Antenna Polarization (H,V,L,R)	(e) Emission Designator	(f) Maximum EIRP per Carrier (dBW)	(g) Maximum EIRP Density per Carrier (dBW/4kHz)	(h) Description of Modulation and Services

Notes: \* Provide the ANTENNA-ID from table B4 to identify the antenna to which each frequency band and emission is associated. For VSAT networks, include frequencies and emissions for all HUB and REMOTE units.  
\*\* Indicate whether the earth station transmits or receives in each frequency band.

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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 <b>geostationary</b> 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												
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 <b>non-geostationary</b> 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?	<input 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												
<b>Remote Control Point Location:</b>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">                     B10a. Street Address  <span style="color: red;">Tte. Gral. J.D. Peron 949, 14th Floor</span> </td> </tr> <tr> <td style="padding: 2px;">                     B10b. City  <span style="color: red;">Buenos Aires</span> </td> <td style="padding: 2px;">                     B10c. County  <span style="color: red;">Capital Federal</span> </td> <td style="padding: 2px;">                     B10d. State / Country  <span style="color: red;">Argentina</span> </td> <td style="padding: 2px;">                     B10e. Zip Code  <span style="color: red;">C1038AAS</span> </td> </tr> <tr> <td colspan="2" style="padding: 2px;">                     B10f. Telephone Number  <span style="color: red;">1-800-383-7137</span> </td> <td colspan="2" style="padding: 2px;">                     B10g. Call Sign of Control Station (if appropriate)                 </td> </tr> </table>			B10a. Street Address <span style="color: red;">Tte. Gral. J.D. Peron 949, 14th Floor</span>				B10b. City <span style="color: red;">Buenos Aires</span>	B10c. County <span style="color: red;">Capital Federal</span>	B10d. State / Country <span style="color: red;">Argentina</span>	B10e. Zip Code <span style="color: red;">C1038AAS</span>	B10f. Telephone Number <span style="color: red;">1-800-383-7137</span>		B10g. Call Sign of Control Station (if appropriate)	
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B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit.	<input 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 type="checkbox"/> NO												
B13. <b>FAA Notification - (See 47 CFR Part 17 and 47 CFR Part 25.113(c))</b> <b>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?</b> <b>FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO												