

**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.)		B1c. Telephone Number		B1j. Geographic Coordinates N/S, Deg. - Min. - Sec. - E/W		B1k. Lat./Lon. Coordinates are:	
		USHI01		(808) 929-8069				<input type="checkbox"/> NAD-27	
B1d. Mailing Street Address of Station or Area of Operation				B1e. Name of Contact Person				Lat. <u>19° 00' 50.3"</u> N	
93-1704 South Point Road				Joanne Greet				Lon. <u>155° 39' 46.6"</u> W	
								<input checked="" type="checkbox"/> NAD-83	
B1f. City		B1g. County		B1h. State	B1i. Zip Code		B1l. Site Elevation (AMSL)		
Naalehu		Ka'u		HI	96772-0842		378.0 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
Galileo Constellation (GFOC1 & GFOC2) MEO Orbits		

**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
Galileo – GFOC1 (MSATNAV-2)	ESA (Non US Spacecraft)
Galileo – GFOC2 (MSATNAV-2)	ESA (Non US Spacecraft)







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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 <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"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<b>N/A</b>
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 measurement?	<input checked="" type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	
B10. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	<input checked="" type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	
<b>Remote Control Point Location:</b>					
B10a. Street Address 417 Caredean Drive Suite A					
B10b. City Horsham	B10c. County Montgomery	B10d. 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"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>					
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"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b>					
B13. FAA Notification - (See 47 CFT Part 17 and 47 CFT Part 25.113(c))					
<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>					
<input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b>					
<b>FAILURE TO COMPLY WITH 47 CFT PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION</b>					