

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

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
NIMIQ-2 moving to 148 deg East		

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
TelSat NIMIQ-2	Canada

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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)
USHI01	HI-13M	1	Datron	1453	13.0	62.0 dBi at 12.5 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)				
HI-13M		20.0	398.0				

- 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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B6. Frequency Coordination Limits: Use additional pages as needed.

[illegible]

Notes: * Provide the ANTENNA-ID from table B4 to identify the antenna to which each frequency band and orbital arc range is associated.
 ** If operating with geostationary satellites, give the orbital arc limits and the associated elevation and azimuth angles. If operating with non-geostationary satellites, give the notation “NON-GEO” for the satellite arc and give the minimum operational elevation angle and the maximum azimuth angle range.

[illegible]

** 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 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="4">B10a. Street Address 417 Caredean Drive Suite A</td> </tr> <tr> <td style="width: 30%;">B10b. City Horsham</td> <td style="width: 30%;">B10c. County Montgomery</td> <td style="width: 20%;">B10d. State/Country PA</td> <td style="width: 20%;">B10e. Zip Code 19044</td> </tr> <tr> <td colspan="2">B10f. Telephone Number 215-328-9130</td> <td colspan="2">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	B10d. State/Country PA	B10e. Zip Code 19044	B10f. Telephone Number 215-328-9130		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 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													