

**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		Lat. 19° 00' 50.3" N Lon. 155° 39' 46.6" W		<input type="checkbox"/> NAD-27 <input checked="" type="checkbox"/> NAD-83	
B1d. Mailing Street Address of Station or Area of Operation				B1e. Name of Contact Person					
93-1704 South Point Road				Joanne Greet					
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
EGR (Highly elliptical MEO)		

**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
EGR	JAXA (Japanese Space Agency)

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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)
USHI01	HI-13M	1	Datron	1453	13.0	46.9 dBi at 2.245 GHz 45.9 dBi at 2.067 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.**

(a) Antenna ID*	(b) Frequency Limits (MHz)	(c) Range of Satellite Arc Eastern Limit**	(d) Range of Satellite Arc Western Limit**	(e) Antenna Elevation Angle Eastern Limit	(f) Antenna Elevation Angle Western Limit	(g) Earth Station Azimuth Angle Eastern Limit	(h) Earth Station Azimuth Angle Western Limit	(i) Maximum EIRP Density toward the Horizon (dBW/4kHz)
HI-13M	2224.0	0.0° W.L.	360.0° W.L.	5.0°	5.0°			

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.

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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 Limits (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
HI-13M	2224.0	R	L, R	130KG2D			4 kbps data is PSK modulated into a 65 kHz subcarrier

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"/>	<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>																							
<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:25%; padding: 2px;">                     B10c. County                      Montgomery                 </td> <td style="width:20%; padding: 2px;">                     B10.d. State/Country                      PA                 </td> <td colspan="3" style="padding: 2px;">                     B10e. Zip Code                      19044                 </td> </tr> <tr> <td colspan="3" style="padding: 2px;">                     B10f. Telephone Number                      215-328-9130                 </td> <td colspan="3" 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)		
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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> <b>FAILURE TO COMPLY WITH 47 CFT PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION</b>	<input type="checkbox"/>	<b>YES</b>	<input checked="" type="checkbox"/>	<b>NO</b>																			