









**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 <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 checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</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="4" 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 style="width:17%; padding: 2px;">                     B10e. Zip Code                      19044                 </td> </tr> <tr> <td colspan="2" style="padding: 2px;">                     B10f. Telephone Number                      215-328-9130                 </td> <td colspan="2" 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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B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit.	<input type="checkbox"/> <b>YES</b>	<input checked="" 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. <b>FAA Notification - (See 47 CFT Part 17and 47 CFT 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>	<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>														