

Satellite Earth Station Coordination Request

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Please complete this form to fax a satellite earth station frequency coordination request. ***This form has been set up so you can type your information directly on-screen to make it more legible for faxing.*** Just fill it out and print for faxing. We will contact you within one business day to confirm receipt of your request and to obtain additional information, if needed.

ALL FIELDS WITH AN * MUST BE COMPLETED FOR YOUR REQUEST TO BE ACCEPTED.

Administrative Information

Contact Company *	<input type="text"/>
Street *	<input type="text"/>
City, State, ZIP *	<input type="text"/> <input type="text"/> <input type="text"/>
Licensee Contact *	<input type="text"/>
Phone *	<input type="text"/>
Fax	<input type="text"/>
E-mail *	<input type="text"/>
Licensee (if different from Contact)	<input type="text"/>
Street	<input type="text"/>
City, State, ZIP	<input type="text"/> <input type="text"/> <input type="text"/>
Engineering Contact	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>
Preferred Comsearch Coordinator's E-mail	<input type="text"/>

Billing Information (select one)

Credit Card	Type:	Visa	MasterCard	Discover/Novus	American Express	
	Account Number	<input type="text"/>			Expiration Date	<input type="text"/>
Purchase Order #	<input type="text"/>					
Other (please explain)	<input type="text"/>					

Choose one of the following: I have already received a price quote for this request.
 Please send me a price quote before processing this request.

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General Information

Operational Mode *	<input type="text"/>			
ES Transmit Band	<input type="text"/>	(Please enter only if operation mode is Transmit or Receive-Only)		
ES Receive Band	<input type="text"/>	(Please enter only if operation mode is Transmit-Receive or Receive-Only)		
Type(s) of Service	Broadcast CATV	Internet Radio	Telephony Other	
Purpose *	New	Modification		

Site Information

Site Name *	<input type="text"/>				
Venue Name	<input type="text"/>	(Please enter either venue, city and state; street address; or coordinates)			
Street Address	<input type="text"/>				
City	<input type="text"/>				
State	<input type="text"/>				
Datum	NAD83	NAD27	Other	<input type="text"/>	
Latitude	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N
Longitude	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	W
Ground Elevation (AMSL)	<input type="text"/>	m	ft		

Antenna Information

Antenna Location *	Ground	Roof	Building Height (if roof mounted)	<input type="text"/>
Antenna Diameter *	<input type="text"/>	ft	m	
Antenna Manufacturer	<input type="text"/>			
Antenna Model	<input type="text"/>			

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Channel Information

Modulation	<input type="text"/>			
Data Rate (Mb/s)	<input type="text"/>			
Modulation Scheme	QPSK	BPSK	8PSK	16QAM
	Other <input type="text"/>			
Forward Error Correction Rate (1/2,3/4, etc)	Seq	<input type="text"/> / <input type="text"/>	Reed-Solomon	<input type="text"/> / <input type="text"/>
Carrier Bandwidth (MHz)	<input type="text"/>			
Carrier RF Power	<input type="text"/>	Watts		dBW/4kHz

Satellite / Transponder Information

Satellite Arc	<input type="text"/>	<input type="text"/>
Satellite(s) Desired	<input type="text"/>	
Transponder(s) Desired	<input type="text"/>	

If this site is used for mobile temporary uplink, please complete the following:

Temporary Operation Dates to

Additional Comments