

**FCC 312
Schedule S**

**FEDERAL COMMUNICATIONS COMMISSION
SATELLITE SPACE STATION AUTHORIZATIONS
(Technical and Operational Description)**

**Page 1: General,
Frequency Bands,
and GSO Orbit**

S1. GENERAL INFORMATION Complete for all satellite applications.

a. Space Station or Satellite Network Name:	e. Estimated Date of Placement into Service:	i. Will the space station(s) operate on a Common Carrier basis? <input type="checkbox"/> YES <input type="checkbox"/> NO
b. Construction Commencement Date:	f. Estimated Lifetime of Satellite(s): <div style="text-align: right;">Years</div>	j. Number of transponders offered on a Common Carrier basis:
c. Construction Completion Date:	g. Total Number of Transponders:	k. Total Common Carrier Transponder Bandwidth: <div style="text-align: right;">MHz</div>
d. Estimated Launch Date:	h. Total Transponder Bandwidth (No. Transponders x Bandwidth): <div style="text-align: right;">MHz</div>	l. Orbit Type: Mark all boxes that apply. <input type="checkbox"/> GSO <input type="checkbox"/> NGSO

S2. OPERATING FREQUENCY BANDS Identify the frequency range and transmit/receive mode for all frequency bands in which this station will operate. Also indicate the nature of service(s) for each frequency band.

Frequency Band Limits				e. T/R Mode	f. Nature of Service(s): List all that apply to this band
Lower Frequency (_Hz)		Upper Frequency (_Hz)			
a. Numeric	b. Unit (K/M/G)	c. Numeric	d. Unit (K/M/G)		

S3. ORBITAL INFORMATION FOR GEOSTATIONARY SATELLITES ONLY:

a. Nominal Orbital Longitude (Degrees E/W):			b. Reason for orbital location selection:				
Longitudinal Tolerance or E/W Station-Keeping:	e. Inclination Excursion or N/S Station-Keeping Tolerance:	Range of orbital arc in which adequate service can be provided (Optional):					
c. Toward West: _____ Degrees	d. Toward East: _____ Degrees	Degrees				E/W	E/W
h. Reason for service arc selection (Optional):			f. Westernmost: _____				
			g. Easternmost: _____				

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S4. ORBITAL INFORMATION FOR NON-GEOSTATIONARY SATELLITES ONLY

S4a. Total Number of Satellites in Network or System: _____

S4c. Celestial Reference Body (Earth, Sun, Moon, etc.): _____

S4b. Total Number of Orbital Planes in Network or System: _____

S4d. Orbit Epoch Date: _____

For each Orbital Plane Provide:

(e) Orbital Plane No.	(f) No. of Satel- lites in Plane	(g) Inclination Angle (degrees)	(h) Orbital Period (Seconds)	(i) Apogee (km)	(j) Perigee (km)	(k) Right Ascension of the Ascending Node (Deg.)	(l) Argument of Perigee (Degrees)	Active Service Arc Range (Degrees)		
								(m) Begin Angle	(n) End Angle	(o) Other

S5. INITIAL SATELLITE PHASE ANGLE For each satellite in each orbital plane, provide the initial phase angle.

(a) Orbital Plane No.	(b) Satellite Number	(c) Initial Phase Angle (Degrees)	(a) Orbital Plane No.	(b) Satellite Number	(c) Initial Phase Angle (Degrees)	(a) Orbital Plane No.	(b) Satellite Number	(c) Initial Phase Angle (Degrees)	(a) Orbital Plane No.	(b) Satellite Number	(c) Initial Phase Angle (Degrees)

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S14. Is the space station(s) controlled and monitored remotely? If YES, provide the location and telephone number of the TT&C control point(s). YES NO

Remote Control (TT&C) Location(s):

S14a. Street Address			
S14b. City	S14c. County	S14d. State / Country	S14e. Zip Code
S14f. Telephone Number		S14g. Call Sign of Control Station (if appropriate)	

S14a. Street Address			
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S15. SPACECRAFT PHYSICAL CHARACTERISTICS

S15a. Mass of spacecraft without fuel (kg)	Spacecraft Dimensions (meters)	Probability of Survival to End of Life (0.0 - 1.0)
S15b. Mass of fuel & disposables at launch (kg)		
S15c. Mass of spacecraft and fuel at launch (kg)	S15f. Length (m)	S15i. Payload
S15d. Mass of fuel, in orbit, at beginning of life (kg)	S15g. Width (m)	S15j. Bus
S15e. Deployed Area of Solar Array (square meters)	S15h. Height (m)	S15k. Total

S16. SPACECRAFT ELECTRICAL CHARACTERISTICS

Spacecraft Subsystem	Electrical Power (Watts) At Beginning of Life		Electrical Power (Watts) At End of Life	
	At Equinox	At Solstice	At Equinox	At Solstice
Payload (Watts)	(a)	(f)	(k)	(p)
Bus (Watts)	(b)	(g)	(l)	(q)
Total (Watts)	(c)	(h)	(m)	(r)
Solar Array (Watts)	(d)	(i)	(n)	(s)
Depth of Battery Discharge (%)	(e) %	(j) %	(o) %	(t) %

S17. CERTIFICATIONS

a. Are the power flux density limits of § 25.208 met?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
b. Are the appropriate service area coverage requirements of § 25.143(b)(ii) and (iii), or § 25.145(c)(1) and (2) met?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
c. Are the frequency tolerances of § 25.202(e) and the out-of-band emission limits of § 25.202(f)(1), (2), and (3) met?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
In addition to the information required in this Form, the space station applicant is required to provide all the information specified in Section 25.114 of the Commission's rules, 47 C.F.R. § 25.114.	