

CABLE LANDING LICENSE APPLICATION
FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu:

SIC Cable Landing License App

1. Applicant

Name:	Sandwich Isles Communications, Inc.	Phone Number:	808-540-5711
DBA Name:		Fax Number:	808-599-4653
Street:	1001 Bishop Street	E-Mail:	
City:	Honolulu	State:	HI
Country:	USA	Zipcode:	96813 -
Attention:	Alan Pedersen		

2. Contact

Name:

Phone Number:

Company:

Fax Number:

Street:

E-Mail:

City:

State:

Country:

Zipcode: -

**Contact
Title:**

Relationship:

3. Place of Incorporation of Applicant

4. Other Company(ies) and Place(s) of Incorporation

5. Destination Country(ies) USA

6. Caption (description of authority requested, e.g., Application for a License to Land and Operate a Fiber Optic Submarine Cable System between the United States, Country A and Country B.)

(If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Application for License to Land and Operate a High Capacity Fiber
Optic Cable System Extending Among the Hawaiian Islands of Kauai,
Oahu, Molokai, Maui and Hawaii

7. Is a fee submitted with this application?
 If Yes, complete and attach FCC Form 159. **If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).**
 Governmental Entity Noncommercial educational licensee
 Other (please explain):

8. Will the cable system be operated on a common carrier basis? Yes No
 If yes, provide the File Number NA (DOMESTIC) of the associated Section 214 application for the construction and operation of new facilities.

9. In Attachment 1, provide the information and certifications required by 47 C.F.R. Section 1.767(a).

CERTIFICATIONS

10. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application"; for these purposes. Yes No

11. Typed Name of Person Signing Albert S.N. Hee	12. Title of Person Signing President
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WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

13. 1: Written application	2: Maps 1-4	3:
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