Approved by OMB
3060−0678

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APPLICATION FOR EARTH STATION AUTHORIZATIONS FCC 312 MAIN FORM FOR OFFICIAL USE ONLY	FCC Use Only

APPLICANT INFORMATION
Enter a description of this application to identify it on the main menu:
New earth station license − Chignik Bay Clinic

1−8. Legal Name of Applicant

Name:	GCI Communication Corp.	**Phone Number:**	907−868−5615
DBA Name:		**Fax Number:**	907−868−9817
Street:	2550 Denali St, Ste 1000	**E−Mail:**	gcilicensemanager@gci.com
City:	Anchorage	**State:**	AK
Country:	USA	**Zipcode:**	99503 −2737
Attention:	Ms Cynthia L Hall		

9−16. Name of Contact Representative

Name:	GCI Communication Corp.	**Phone Number:**	907−868−5615
Company:		**Fax Number:**	907−868−9817
Street:	2550 Denali St, Ste 1000	**E−Mail:**	chall2@gci.com
City:	Anchorage	**State:**	AK
Country:	USA	**Zipcode:**	99503−2737
Attention:	LCAD License Manager	**Relationship:**	Same

CLASSIFICATION OF FILING

17. Choose the button next to the classification that applies to this filing for both questions a. and b. Choose only one for 17a and only one for 17b. a. a1. Earth Station (N/A) a2. Space Station	b. b1. Application for License of New Station b2. Application for Registration of New Domestic Receive−Only Station (N/A) b3. Amendment to a Pending Application (N/A) b4. Modification of License or Registration (N/A) b5. Assignment of License or Registration (N/A) b6. Transfer of Control of License or Registration (N/A) b7. Notification of Minor Modification (N/A) b8. Application for License of New Receive−Only Station Using Non−U.S. Licensed Satellite (N/A) b9. Letter of Intent to Use Non−U.S. Licensed Satellite to Provide Service in the United States b10. Other (Please specify) b11. Application for Earth Station to Access a Non−U.S.satellite Not Currently Authorized to Provide the Proposed Service in the Proposed Frequencies in the United States. b12. Application for Database Entry (N/A) b13. Amendment to a Pending Database Entry Application (N/A) b14. Modifiction of Database Entry

17c. 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):
17d. Fee Classification BAX − Fixed Satellite Transmit/Receive Earth Station

18. If this filing is in reference to an existing station, enter: (a) Call sign of station: Not Applicable	19. If this filing is an amendment to a pending application enter: (a) Date pending application was filed: Not Applicable (b) File number of pending application: Not Applicable

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Select all that apply:
a. Fixed Satellite b. Mobile Satellite c. Radiodetermination Satellite d. Earth Exploration Satellite e. Direct to Home Fixed Satellite f. Digital Audio Radio Service g. Other (please specify)

21. STATUS: Choose the button next to the applicable status. Choose only one. Common Carrier Non−Common Carrier	22. If earth station applicant, check all that apply. Using U.S. licensed satellites Using Non−U.S. licensed satellites

23. If applicant is providng INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Choose one. Are these facilities:

Connected to a Public Switched Network Not connected to a Public Switched Network N/A

24. FREQUENCY BAND(S): Place an "X" in the box(es) next to all applicable frequency band(s).

a. C−Band (4/6 GHz) b. Ku−Band (12/14 GHz)

c.Other (Please specify upper and lower frequencies in MHz.)

Frequency Lower: Frequency Upper:

TYPE OF STATION

25. CLASS OF STATION: Choose the button next to the class of station that applies. Choose only one.

a. Fixed Earth Station
b. Temporary−Fixed Earth Station
c. 12/14 GHz VSAT Network
d. Mobile Earth Station
(N/A) e. Geostationary Space Station
(N/A) f. Non−Geostationary Space Station
g. Other (please specify)

26. TYPE OF EARTH STATION FACILITY: Choose only one.

Transmit/Receive Transmit−Only Receive−Only N/A

PURPOSE OF MODIFICATION

27. The purpose of this proposed modification is to: (Place an 'X' in the box(es) next to all that apply.)

Not Applicable

ENVIRONMENTAL POLICY

28. Would a Commission grant of any proposal in this application or amendment have a significant environmental impact as defined by 47 CFR 1.1307? If YES, submit the statement as required by Sections 1.1308 and 1.1311 of the Commission's rules, 47 C.F.R. §§ 1.1308 and 1.1311, as an exhibit to this application. A Radiation Hazard Study must accompany all applications for new transmitting facilities, major modifications, or major amendments.	Yes No Exhibit A

ALIEN OWNERSHIP Earth station applicants not proposing to provide broadcast, common carrier, aeronautical en route or aeronautical fixed radio station services are not required to respond to Items 30−34.

29. Is the applicant a foreign government or the representative of any foreign government?	Yes No
30. Is the applicant an alien or the representative of an alien?	Yes No N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	Yes No N/A
32. Is the applicant a corporation of which more than one−fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	Yes No N/A

33. Is the applicant a corporation directly or indirectly controlled by any other corporation of which more than one−fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	Yes	No	N/A
34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit an identification of the aliens or foreign entities, their nationality, their relationship to the applicant, and the percentage of stock they own or vote.			

BASIC QUALIFICATIONS

35. Does the Applicant request any waivers or exemptions from any of the Commission's Rules? If Yes, attach as an exhibit, copies of the requests for waivers or exceptions with supporting documents.	Yes	No
36. Has the applicant or any party to this application or amendment had any FCC station authorization or license revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission? If Yes, attach as an exhibit, an explination of circumstances.	Yes	No
37. Has the applicant, or any party to this application or amendment, or any party directly or indirectly controlling the applicant ever been convicted of a felony by any state or federal court? If Yes, attach as an exhibit, an explination of circumstances.	Yes	No

38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attemptiing unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement or any other means or unfair methods of competition?If Yes, attach as an exhibit, an explanation of circumstances	Yes	No
39. Is the applicant, or any person directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items? If yes, attach as an exhinit, an explanation of the circumstances.	Yes	No
40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, address, and citizenship of those stockholders owning a record and/or voting 10 percent or more of the Filer's voting stock and the percentages so held. In the case of fiduciary control, indicate the beneficiary(ies) or class of beneficiaries. Also list the names and addresses of the officers and directors of the Filer.		
41. 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
42a. Does the applicant intend to use a non−U.S. licensed satellite to provide service in the United States? If Yes, answer 42b and attach an exhibit providing the information specified in 47 C.F.R. 25.137, as appropriate. If No, proceed to question 43.	Yes	No

42b. What administration has licensed or is in the process of licensing the space station? If no license will be issued, what administration has coordinated or is in the process of coordinating the space station?

43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

The purpose of this application is to install a new 3.8m earth station at the site for voice, video and data services.

43a. Geographic Service Rule Certification

A

By selecting A, the undersigned certifies that the applicant is not subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25.

B

By selecting B, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will comply with such requirements.

C

By selecting C, the undersigned certifies that the applicant is subject to the geographic service or geographic coverage requirements specified in 47 C.F.R. Part 25 and will not comply with such requirements because it is not feasible as a technical matter to do so, or that, while technically feasible, such services would require so many compromises in satellite design and operation as to make it economically unreasonable. A narrative description and technical analysis demonstrating this claim are attached.

CERTIFICATION

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. The applicant certifies that grant of this application would not cause the applicant to be in violation of the spectrum aggregation limit in 47 CFR Part 20. All statements made in exhibits are a material part hereof and are incorporated herein as if set out in full in this application. The undersigned, individually and for the applicant, hereby certifies that all statements made in this application and in all attached exhibits are true, complete and correct to the best of his or her knowledge and belief, and are made in good faith.

44. Applicant is a (an): (Choose the button next to applicable response.)

Individual
Unincorporated Association
Partnership
Corporation
Governmental Entity
Other (please specify)

45. Name of Person Signing	46. Title of Person Signing
Chris Mace	VP, Network Services & Chief Engineer

47. Please supply any need attachments.

Attachment 1:	Attachment 2:	Attachment 3:

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).

SATELLITE EARTH STATION AUTHORIZATIONS
FCC Form 312 − Schedule B:(Technical and Operational Description)
FOR OFFICIAL USE ONLY

Location of Earth Station Site

E1: Site Identifier:	Chignik Bay Clinic	E5. Call Sign:		
E2: Contact Name	Technical Assistance Center	E6. Phone Number:	8007708725	
E3. Street:	Airport Rd	E7. City:	Chignik Bay	
		E8. County:	Lake and Peninsula	
E4. State	AK	E9. Zip Code	99564	
E10. Area of Operation:		Chignik Bay, AK		
E11. Latitude:	56 °18 ’5.4 "N			
E12. Longitude:	158 °22 ’43.2 "W			
E13. Lat/Lon Coordinates are:		NAD−27	NAD−83	N/A
E14. Site Elevation (AMSL):		6.3 meters		

E15. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary 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 measurement? If NO, provide as a technical analysis showing compliance with two−degree spacing policy.	Yes No N/A
E16. 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 non−geostationary 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 measurements?	Yes No N/A
E17. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	Yes No

E18. Is frequency coordination required? If YES, attach a frequency coordination report as	Yes No
E19. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as	Yes No
E20. FAA Notification − (See 47 CFR Part 17 and 47 CFR part 25.113(c)) 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? FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION.	Yes No

POINTS OF COMMUNICATION

Satellite Name: If you selected OTHER, please enter the following:	
E21. Common Name:	E22. ITU Name:
E23. Orbit Location:	E24. Country:

POINTS OF COMMUNICATION (Destination Points)

E25. Site Identifier:	
E26. Common Name:	E27. Country:

ANTENNA

Site ID	E28. Antenna Id	E29. Quantity	E30. Manufacturer	E31. Model	E32. Antenna Size<meters>	E41/42. Antenna GainTransmint and/or Recieve (____dBi at _____GHz)
Chignik Bay Clinic	Clinic	1	CPI	2385	3.8	42.0 dBi at 4.0
						46.5 dBi at 6.1

E28. Antenna Id	E33/34. Diameter Minor/Major (meters)	E35. Above Ground Level (meters)	E36. Above Sea Level (meters)	E37. Building Height Above Ground Level (meters)	E38. Total Input Power at antenna flange (Watts)	E39. Maximum Antenna Height Above Rooftop (meters)	E40. Total EIRP for al carriers (dBW)
Clinic	0.0/0.0	5.5	11.8	0.0	400.0	0.0	67.8

FREQUENCY

E28. Antenna Id	E43/44. Frequency Bands (MHz)	E45. T/R Mode	E46. Antenna Polarization(H,V, L,R)	E47. Emission Designator	E48. Maximum EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
Clinic	3700.00 4200.00	R	Horizontal and Vertical	108MG7W	0.0	0.0

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Phase modulated voice, video, and data services.

Clinic	3700.00 4200.00	R	Horizontal and Vertical	45K0G7W −	0.0	0.0

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Phase modulated voice, video, and data services.

Clinic	3700.00 4200.00	R	Horizontal and Vertical	108MD7W	0.0	0.0

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Phase and amplitude modulated voice, video, and data services.

Clinic	3700.00 4200.00	R	Horizontal and Vertical	60K0D7W −	0.0	0.0

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Phase and amplitude modulated voice, video, and data services.

Clinic	5925.00 6425.00	T	Horizontal and Vertical	108MG7W	67.8	43.8

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Phase modulated voice, video, and data services.

Clinic	5925.00 6425.00	T	Horizontal and Vertical	45K0G7W −	67.8	43.8

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Phase modulated voice, video, and data services.

Clinic	5925.00 6425.00	T	Horizontal and Vertical	108MD7W	67.8	43.8

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Phase and amplitude modulated voice, video, and data services.

Clinic	5925.00 6425.00	T	Horizontal and Vertical	45K0D7W −	67.8	43.8

E50. Modulation and Services (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

Phase and amplitude modulated voice, video, and data services.

FREQUENCY COORDINATION

E28. Antenna Id	**E51. Satellite Orbit Type**	**E52/53. Frequency Limits(MHz)**	**E54/55. Range of Satellite Arc E/W Limit**	**E56. Earth Station Azimuth Angle Eastern Limit**	**E57. Antenna Elevation Angle Eastern Limit**	**E58. Earth Station Azimuth Angle Western Limit**	**E59. Antenna Elevation Angle Western Limit**	**E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)**
Clinic	Geostationary	3700.00 4200.00	94.0/ 223.0	111.8	5.2	248.5	5.1	0.0
	Geostationary	5925.00 6425.00	94.0/ 223.0	111.8	5.2	248.5	5.1	8.8

REMOTE CONTROL POINT LOCATION

E61. Call Sign NOTE: Please enter the callsign of the controlling station, not the callsign for which this application is being filed.		E65. Phone Number 8007708725	
E62. Street Address 6831 Arctic Blvd			
E63. City Anchorage	E67. County AK	E64/68. State/Country AK/ USA	E66. Zip Code 99518

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