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FCC APPLICATION FOR SPACE AND EARTH STATION:MOD OR AMD – MAIN FORM	FCC Use Only
FCC 312 MAIN FORM FOR OFFICIAL USE ONLY	

APPLICANT INFORMATION

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

Akutan Modification Application Copy

egal Name of A _l	pplicant		
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: Cynthia L Hall **Phone Number:** 907–868–5615

Company: GCI Communication Corp. **Fax Number:**

Street: 2550 Denali St, Ste 1000 E–Mail: chall2@gci.com

City: Anchorage State: AK

Country: USA Zipcode: 99503–

Attention: Regulatory, 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.

a1. Earth Station

a2. Space Station

(N/A) b1. Application for License of New Station

(N/A) b2. Application for Registration of New Domestic Receive-Only Station

b3. Amendment to a Pending Application

b4. Modification of License or Registration

b5. Assignment of License or Registration

b6. Transfer of Control of License or Registration

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

(N/A) b10. Other (Please specify)

(N/A) 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

(N/A) b12. Application for Database Entry

b13. Amendment to a Pending Database Entry Application

b 14. Modification of Database Entry

17c. Is a fee submitted with this application If Yes, complete and attach FCC Form	on? 159. If No, indicate reason for fee exemption (se	ee 47 C.F.R.Section 1.1114).
Governmental Entity Noncomme		
Other(please explain): PGC3160715,	26CON6V8 10/9/2018	
17d.		
174.		
Fee Classification CGX – Fixed Satellite T Station	Fransmit/Receive Earth	
18. If this filing is in reference to an existing station, enter:	19. If this filing is an amendment to a pending apmodification please enter only the file number:	oplication enter both fields, if this filing is a
(a) Call sign of station: E960369	(a) Date pending application was filed:	(b) File number:
12,00307		SESMOD2004081601186

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 22. If earth station applicant, check all that apply.
only one. Using U.S. licensed satellites
♠ Common Carrier Non-Common Carrier ☐ Using Non-U.S. licensed satellites
23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 fillings. 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: (Please specify additional frequencies in an attachment)

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	
e. Geostationary Space Station	
f. Non–Geostationary Space Station	
g. Other (please specify)	
26. TYPE OF EARTH STATION FACILITY:	
Transmit/Receive Transmit-Only Receive-Only N/A	
"For Space Station applications, select 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.)
a — authorization to add new emission designator and related service
b — authorization to change emission designator and related service
c — authorization to increase EIRP and EIRP density
d — authorization to replace antenna
e — authorization to add antenna
f — authorization to relocate fixed station
g — authorization to change frequency(ies)
h — authorization to add frequency
i — authorization to add Points of Communication (satellites & Double
j — authorization to change Points of Communication (satellites & Samp; countries)
k — authorization for facilities for which environmental assessment and
radiation hazard reporting is required
l — authorization to change orbit location
m — authorization to perform fleet management
n — authorization to extend milestones
o — Other (Please specify)
<u> </u>

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 B

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?	0	Yes	•	No		
30. Is the applicant an alien or the representative of an alien?	0	Yes	•	No	0	N/A
31. Is the applicant a corporation organized under the laws of any foreign government?	0	Yes	•	No	0	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?	٥	Yes	•	No	0	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?	O Yes ❷	No O 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	O No
	Western Arc W	/aiver
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.	O 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.	O Yes	⊚ No
38. Has any court finally adjudged the applicant, or any person directly or indirectly controlling the applicant, guilty of unlawfully monopolizing or attempting 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	O 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.	O 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 sheeking Ves, the undersigned contifies that neither applicant nor any other party to the application is	- V.	- No
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	O 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, we coordinated or is in the process of coordinating the space station?	hat administr	ration has
43. Description. (Summarize the nature of the application and the services to be provided). (If the complete description box, please go to the end of the form to view it in its entirety.)	on does not a	ppear in this
Point to point data network.		
Coordinate Waiver		

43a. Geographic Service Rule Certification 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.	● A
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.	O B
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.	o c

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 applic	cable response.)	
Individual		
 Unincorporated Association 		
• Partnership		
Corporation		
O Governmental Entity		
Other (please specify)		
-		
45. Name of Person Signing	46. Title of Person Signing	
Jimmy Sipes	VP, Network Services & Chief Engineer	
>	•	
		-

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 St	tation Site					
E1: Site Identifier:	1	E5. Call Sign:	E960369			
E2: Contact Name	GCI Network Operations Center	E6. Phone Number:	907-868-5555			
E3. Street:		E7. City:	Akutan			
		E8. County:				
E4. State	AK	E9. Zip Code				
E10. Area of Opera	tion:	Akutan				
E11. Latitude:	54 °8 '0.9 "N					
E12. Longitude:	165 °46 '36.09 "W					
E13. Lat/Lon Coord	linates are:	NAD-27	NAD-83	O N/A		
E14. Site Elevation	(AMSL):	3.0 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.

E16. If the proposed antenna(s) do not operate in the Fixed Satellite Satellite Service (FSS) with non–geostationary satellites, do(es) the p gain patterns specified in Section 25.209(a2) and (b) as demonstrated measurements?	roposed antenna(s) comply with the antenna	o Yes	O No	● N/A
E17. Is the facility operated by remote control? If YES, provide the lo point.	ocation and telephone number of the control	Yes	٥	No
E18. Is frequency coordination required? If YES, attach a frequency c	coordination report as Exhibit A	● Yes	0	No
E19. Is coordination with another country required? If YES, attach the coordination contours as	e name of the country(ies) and plot of	O Yes	•	No
E20. FAA Notification – (See 47 CFR Part 17 and 47 CFR part 25 have you attached a copy of a completed FCC Form 854 and/or the FA the structure to aviation? Exhibit C FAILURE TO COMPLY WITH 47 CFR PARTS 17 AND 25 WILL APPLICATION.	AA's study regarding the potential hazard of	● Yes	٥	No
POINTS OF COMMUNICATION				
Satellite Name: OTHER OTHER If you selected OTHER, please	e enter the following:			
E21. Common Name: ALSAT	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></meters>	E41/42. Antenna Gain Transmint and/or Recieve (dBi atGHz)	
1	1	1	Viasat/Scientific –Atlanta	8136	3.6	41.8 dBi at 3.95	
1	1	1	Viasat/Scientific –Atlanta	8136	3.6	45.9 dBi at 6.175	

Id	Diameter		,	Height Above	Input Power at antenna flange	E39. Maximum Antenna Height Above Rooftop (meters)	EIRP for al
1	0.0/0.0	5.8	8.8	0.0	400.0	0.0	71.92

FREQUENCY

E28. Antenna Id	E43/44. Frequency Bands (MHz)	E45. T/R Mode			EIRP per Carrier (dBW)	E49. Maximum ERIP Density per Carrier (dBW/4kHz)
1	3700.000 4200.000	R	Horizontal and Vertical	108MG7W	0.0	0.0

E50. Modulation entirety.)	and Services (If th	e complete description	on does not appear in	this box, please go to	o the end of the form	to view it in its	
Phase modu	lated voice, v	ideo, and data	services.				
1	3700.000 4200.000	R	Horizontal and Vertical	45K0G7W	0.0	0.0	
E50. Modulation entirety.)	and Services (If th	e complete description	on does not appear in	this box, please go to	o the end of the form	to view it in its	
Phase modu	lated voice, v	ideo, and data	services.				
1	3700.000 4200.000	R	Horizontal and Vertical	108MD7W	0.0	0.0	
E50. Modulation entirety.)	and Services (If th	e complete description	on does not appear in	this box, please go to	o the end of the form	to view it in its	
Phase and amplitude modulated voice, video, and data services.							
1	3700.000 4200.000	R	Horizontal and Vertical	45K0D7W	0.0	0.0	

E50. Modulation	and Services (If the	ne complete description	on does not appear in	this box, please go to	o the end of the form	to view it in its
Phase and	amplitude modu	lated voice, v	rideo, and data	services.		
1	5925.000 6425.000	Т	Horizontal and Vertical	108MG7W	71.92	27.61
E50. Modulation entirety.)	,			this box, please go to	o the end of the form	to view it in its
Phase mod	ılated voice, v	rideo, and data	services.			
1	5925.000 6425.000	Т	Horizontal and Vertical	45K0G7W	73.51	43.2
E50. Modulation entirety.)	n and Services (If the	ne complete descripti	on does not appear in	this box, please go to	o the end of the form	to view it in its
Phase modu	ulated voice, v	rideo, and data	services.			
1	5925.000 6425.000	Т	Horizontal and Vertical	108MD7W	71.92	27.61

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.

1	5925.000	Т	Horizontal and	45K0D7W	53.71	43.2
	6425.000		Vertical			

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 Eastern/West ern Limit	Station Azimuth Angle	E57. Antenna Elevation Angle Eastern Limit	Station Azimuth Angle	E59. Antenna Elevation Angle Western Limit	E60. Maximum EIRP Density toward the Horizon (dBW/4kHz)
1	Geostationary	3700.00 4200.00	100.0/232.0	110.0	5.2	250.4	5.0	0.0
	Geostationary	5925.00 6425.00	100.0/232.0	110.0	5.2	250.4	5.0	8.83

REMOTE CONTROL POINT LOCATION

E61. Call Sign NOTE: Please enter the callsign of the contro callsign for which this application is being filed.		E66. Phone Number 907–868–5555		
E62. Street Address 6831 Arctic Blvd				
E63. City Anchorage	E68. County Anchorage		E67/68. State/Country AK/ USA	E64. Zip Code 99518

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