

**FCC 312
Main Form**

FEDERAL COMMUNICATIONS COMMISSION

APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS

Approved by OMB
3060-0678
Est. Avg. Burden Hours
Per Response: 11 Hrs.

FCC Use Only

File Number:

Call Sign:

Fee Number:

APPLICANT INFORMATION

| | | | |
|--|--|---|------------------------------|
| 1. Legal Name of Applicant GCI Communication Corp | | 2. Voice Telephone Number (907) 868-5615 | |
| 3. Other Name Used for Doing Business (if any) GCI Communication Corp | | 4. Fax Telephone Number (907) 868-9817 | |
| 5. Mailing Street Address or P.O. Box 2550 Denali Street, Suite 1000 ATTENTION: Cindy Lynch | | 6. City Anchorage | |
| | | 7. State / Country (if not U.S.A.) AK | 8. Zip Code 99503 |
| 9. Name of Contact Representative (If other than applicant) Cindy Hall | | 10. Voice Telephone Number (907) 868-5615 | |
| 11. Firm or Company Name GCI Communication Corp | | 12. Fax Telephone Number (907) 868-9817 | |
| 13. Mailing Street Address or P.O. Box 2550 Denali Street, Suite 1000 ATTENTION: LCAD, License Manager | | 14. City Anchorage | |
| | | 15. State / Country (if not U.S.A.) AK | 16. Zip Code 99503 |

CLASSIFICATION OF FILING

17. Place an "X" in the box next to the classification that applies to this filing for both questions a. and b. Mark only one box for 17a and only one box for 17b.

| | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> a1. Earth Station | <input type="checkbox"/> b1. Application for License of New Station | Fee Classification: CGX - Modification of License Fixed Satellite Tx/Rx Earth Station | <input type="checkbox"/> b6. Transfer of Control of License or Registration |
| <input type="checkbox"/> a2. Space Station | <input type="checkbox"/> b2. Application for Registration of New Domestic Receive-Only Station | | <input type="checkbox"/> b7. Notification of Minor Modification |
| | <input type="checkbox"/> b3. Amendment to a Pending Application | | <input type="checkbox"/> b8. Application for License of New Receive-Only Station Using Non-U.S. Licensed Satellite |
| | <input checked="" type="checkbox"/> b4. Modification of License or Registration | | <input type="checkbox"/> b9. Letter of Intent to Use Non-U.S. Licensed Satellite to Provide Service in the United States |
| | <input type="checkbox"/> b5. Assignment of License or Registration | | <input type="checkbox"/> b10. Other (Please Specify): _____ |

18. If this filing is in reference to an existing station, enter:
Call sign of station: **E960385**

19. If this filing is an amendment to a pending application enter:
(a) Date pending application was filed: _____ (b) File number of pending application: _____

TYPE OF SERVICE

20. NATURE OF SERVICE: This filing is for an authorization to provide or use the following type(s) of service(s): Place an "X" in the box(es) next to all that apply.

a. Fixed Satellite
 c. Radiodetermination Satellite
 e. Direct to Home Fixed Satellite
 b. Mobile Satellite
 d. Earth Exploration Satellite
 f. Digital Audio Radio Service
 g. Other (please specify) _____

21. STATUS: Place an "X" in the box next to the applicable status. Mark only one box.

a. Common Carrier
 b. Non-Common Carrier

22. If earth station applicant, place an "X" in the box(es) next to all that apply.

a. Using U.S. licensed satellites
 b. Using Non-U.S. licensed satellites

23. If applicant is providing INTERNATIONAL COMMON CARRIER service, see instructions regarding Sec. 214 filings. Mark only one box. Are these facilities:

a. Connected to the Public Switched Network
 b. Not connected to the Public Switched Network

Not Applicable.

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) _____

TYPE OF STATION

25. CLASS OF STATION: Place an "X" in the box next to the class of station that applies. Mark only one box.

a. Fixed Earth Station
 b. Temporary-Fixed Earth Station
 c. 12/14 GHz VSAT Network
 d. Mobile Earth Station
 e. Space Station
 f. Other (Specify) _____

If space station applicant, go to Question 27.

26. TYPE OF EARTH STATION FACILITY Mark only one box.

a. Transmit/Receive
 b. Transmit-Only
 c. Receive-Only

PURPOSE OF MODIFICATION OR AMENDMENT

27. The purpose of this proposed modification or amendment 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 assigned frequency(ies)
 h -- authorization to add Points of Communication (satellites & countries)
 i -- authorization to change Points of Communication (satellites & countries)
 j -- authorization for facilities for which environmental assessment and radiation hazard reporting is required
 k -- Other (Please Specify) _____

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? YES NO

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 as an exhibit for new transmitting facilities, major modifications, or major amendments. Refer to OET Bulletin 65.

Exhibit B.

ALIEN OWNERSHIP

| | | |
|--|------------------------------|--|
| 29. Is the applicant a foreign government or the representative of any foreign government? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 30. Is the applicant an alien or the representative of an alien? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 31. Is the applicant a corporation organized under the laws of any foreign government? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 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? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 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? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 34. If any answer to questions 29, 30, 31, 32 and/or 33 is Yes, attach as an exhibit, the 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. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 36. Has the applicant or any party to this application 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 explanation of the circumstances. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 37. Has the applicant, or any party to this application, 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 explanation of the circumstances. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> 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 the circumstances. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> 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 preceeding two items? If Yes, attach as an exhibit, an explanation of the circumstances. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 40. If the applicant is a corporation and is applying for a space station license, attach as an exhibit the names, addresses, and citizenship of those stockholders owning of 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 the 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. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> 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. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> 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).

Point to point data network.

43a. Geographic Service Rule Certification: (A) By selecting A, the undersigned certifies that the applicant is not subject to the geographic service or geographic service requirements specified in 47 CFR Part 25.

| Exhibit No. | Identify all exhibits that are attached to this application. |
|-------------|--|
| A | Frequency Coordination |
| B | Radiation Hazard Study |
| C | FAA Statement |
| D | Extended C-Band Operation |
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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): (Place an "X" in the box next to applicable response.)

- a. Individual
 b. Unincorporated Association
 c. Partnership
 d. Corporation
 e. Governmental Entity
 f. Other (Please specify) _____

45. Typed Name of Person Signing

Chris Mace

46. Title of Person Signing

VP, Network Services & Chief Engineer

47. Signature

48. Date

10/30/2018

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).

| | | | | | | | | | |
|--|--|--|--|---|----------------------------|------------------------------|-----------------------------|--------------------|---------------|
| FEDERAL COMMUNICATIONS COMMISSION FCC 312 - Schedule A (Place an "X" in one of the blocks below) | | | | | | FCC Use Only | | | |
| <input type="checkbox"/> CONSENT TO TRANSFER OF CONTROL | | <input type="checkbox"/> CONSENT TO ASSIGNMENT OF LICENSE | | | | | | | |
| <input type="checkbox"/> NOTIFICATION OF TRANSFER OF CONTROL OF RECEIVE ONLY REGISTRATION | | <input type="checkbox"/> NOTIFICATION OF ASSIGNMENT OF RECEIVE ONLY REGISTRATION | | | | | | | |
| A1. Name of Licensee or Registrant | | | | | A2. Voice Telephone Number | | | | |
| A3. Mailing Street Address or P.O. Box | | | | | A4. Fax Telephone Number | | | | |
| ATTENTION: | | | | | | | | | |
| A5. City | | | | A6. State / Country (if not U.S.A.) | | A7. Zip Code | | | |
| A8. List Call Sign(s) of station(s) being assigned or transferred | | | | | | A9. No. of station(s) listed | | | |
| A10. Name of Transferor/Assignor (if different than licensee or registrant) | | | | A15. Name of Transferee/Assignee | | | | | |
| A11. Mailing Street Address or P.O. Box | | | | A16. Mailing Street Address or P.O. Box | | | | | |
| A12. City | | A13. State/Country | | A14. Zip Code | | A17. City | | A18. State/Country | A19. Zip Code |
| A20. If these facilities are licensed, is the transferee/assignee directly or indirectly controlled by any other entity? If Yes, attach as an exhibit, a statement (including organizational diagrams where appropriate) which fully and completely identifies the nature and extent of control including: (1) the name, address, citizenship, and primary business of the controlling entity and any intermediate subsidiaries or parties; and (2) the names, addresses, citizenship, and the percentages of voting and equity stock of those stockholders holding 10 percent or more of the controlling corporation's voting stock. | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| A21. If these facilities are licensed, attach as an exhibit, a complete statement setting forth the facts which show how the assignment or transfer will serve the public interest. | | | | | | | | | |

CERTIFICATION

| | | | | | | | |
|---|--|----------------|--|--|--|-----------|--|
| 1. The undersigned, individually and for licensee, certifies that all attached exhibits pertinent to Schedule A and all statements made in Schedule A of this application are true, complete and correct to the best of his/her knowledge and belief. The undersigned also certifies that any contracts or other instruments submitted herewith are complete and constitute the full agreement. | | | | | | | |
| 2. The undersigned represents that stock will not be delivered and that control will not be transferred until the Commission's consent has been received, but that transfer of control or assignment of license will be completed within 60 days of Commission consent. The undersigned also acknowledges that the Commission must be notified by letter within 30 days of consummation. | | | | | | | |
| A22. Printed Name of Licensee (Must agree with A1) | | A23. Signature | | A24. Title (Office Held by Person Signing) | | A25. Date | |
| A26. Printed Name of License Transferor/Assignor (If different than licensee. Must agree with A10) | | A27. Signature | | A28. Title (Office Held by Person Signing) | | A29. Date | |
| A30. Printed Name of License Transferee/Assignee (Must agree with A15) | | A31. Signature | | A32. Title (Office Held by Person Signing) | | A33. Date | |

**FEDERAL COMMUNICATIONS COMMISSION
SATELLITE EARTH STATION AUTHORIZATIONS
FCC Form 312 - Schedule B: (Technical and Operational Description)**

If VSAT Network, provide the SITE-ID (Item B1b) of the station that B8-B13 are in response to (HUB, REMOTE1, etc.): _____

| | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--------------|--|--|---|--|---|--|
| B8. 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 measurements? If NO, provide as an exhibit, a technical analysis showing compliance with two-degree spacing policy. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | | | | |
| B9. 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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | N/A. | | | | | | | | | | | | |
| B10. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | | | | |
| Remote Control Point Location: | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;"> B10a. Street Address 6831 Arctic Blvd. </td> </tr> <tr> <td style="width: 33%; padding: 2px;"> B10b. City Anchorage </td> <td style="width: 33%; padding: 2px;"> B10c. County </td> <td style="width: 15%; padding: 2px;"> B10d. State / Country Alaska </td> <td style="width: 19%; padding: 2px;"> B10e. Zip Code 99518 </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> B10f. Telephone Number (907) 868-5555 </td> <td colspan="2" style="padding: 2px;"> B10g. Call Sign of Control Station (if appropriate) </td> </tr> </table> | | | | B10a. Street Address 6831 Arctic Blvd. | | | | B10b. City Anchorage | B10c. County | B10d. State / Country Alaska | B10e. Zip Code 99518 | B10f. Telephone Number (907) 868-5555 | | B10g. Call Sign of Control Station (if appropriate) | |
| B10a. Street Address 6831 Arctic Blvd. | | | | | | | | | | | | | | | |
| B10b. City Anchorage | B10c. County | B10d. State / Country Alaska | B10e. Zip Code 99518 | | | | | | | | | | | | |
| B10f. Telephone Number (907) 868-5555 | | B10g. Call Sign of Control Station (if appropriate) | | | | | | | | | | | | | |
| B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Exhibit A. | | | | | | | | | | | | |
| B12. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as an exhibit. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | |
| B13. 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. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Exhibit C. | | | | | | | | | | | | |