

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
BEAVER, AK (E2282) STA

**1. Applicant**

<b>Name:</b>	Alascom Inc./United Utilities, Inc.	<b>Phone Number:</b>	404-810-4020
<b>DBA Name:</b>		<b>Fax Number:</b>	404-810-7349
<b>Street:</b>	1200 Peachtree Street, LL007	<b>E-Mail:</b>	jvaughan@att.com
<b>City:</b>	Atlanta	<b>State:</b>	GA
<b>Country:</b>	USA	<b>Zipcode:</b>	30309 -
<b>Attention:</b>	Jane Vaughan		

<b>2. Contact</b>	
<b>Name:</b>	JANE M. VAUGHAN
<b>Company:</b>	AT&T CORP
<b>Street:</b>	1200 PEACHTREE STREET LL007
<b>City:</b>	ATLANTA
<b>Country:</b>	USA
<b>Contact Title:</b>	TECHNICAL STAFF MEMBER
<b>Phone Number:</b>	404-810-4020
<b>Fax Number:</b>	404-810-7349
<b>E-Mail:</b>	jvaughan@att.com
<b>State:</b>	GA
<b>Zipcode:</b>	30309 -
<b>Relationship:</b>	Same
3. Reference File Number SESMOD1999062800960	
4a. Is a fee submitted with this application? <input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114). <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee <input type="radio"/> Other(please explain):	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request <input type="radio"/> Use Prior to Grant <input checked="" type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date	
7. City BEAVER	8. Latitude (dd mm ss.s h) 66 21 37.0 N

9. State AK	10. Longitude (dd mm ss.s h) 147 24 3.2 W
11. Please supply any need attachments. Attachment 1: FAA/RADHAZ                      Attachment 2: FREQANALYS                      Attachment 3: STA JUST.	
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">EMERGENCY NEED TO RELOCATE EXISTING ANTENNA TO NEW SITE PRIOR TO SEPTEMBER 15, 2003.</div>	
13. 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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing ROBERT JACKSON	15. Title of Person Signing DISTRICT MANAGER
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).	

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