

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA for E8446

**1. Applicant**

<b>Name:</b>	UNIVERSITY OF ALASKA DBA	<b>Phone Number:</b>	907-474-5038
<b>DBA Name:</b>		<b>Fax Number:</b>	907-474-5064
<b>Street:</b>	PO Box 755620 University of Alaska	<b>E-Mail:</b>	keith@kuac.org
<b>City:</b>	FAIRBANKS	<b>State:</b>	AK
<b>Country:</b>	USA	<b>Zipcode:</b>	99775 -
<b>Attention:</b>	Mr Keith Martin		

<b>2. Contact</b>	
<b>Name:</b> Barry S. Persh <b>Company:</b> Dow Lohnes PLLC <b>Street:</b> 1200 New Hampshire Ave., NW Suite 800 <b>City:</b> Washington <b>Country:</b> USA <b>Attention:</b>	<b>Phone Number:</b> 202-776-2000 <b>Fax Number:</b> 202-776-2222 <b>E-Mail:</b> bpersh@dowlohn.com <b>State:</b> DC <b>Zipcode:</b> 20036 – <b>Relationship:</b> Legal Counsel
(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.) 3. Reference File Number or Submission ID	
4a. Is a fee submitted with this application? <input 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 checked="" 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 type="radio"/> Change Station Location <input checked="" type="radio"/> Other	
6. Requested Use Prior Date	
7. City Fairbanks	8. Latitude (dd mm ss.s h)    64   51   23.0   N



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