

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

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

2. Contact

Name:	Barry S. Persh	Phone Number:	202-776-2000
Company:	Dow Lohnes PLLC	Fax Number:	202-776-2222
Street:	1200 New Hampshire Ave., NW Suite 800	E-Mail:	bpersh@dowlohnes.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20036 -
Attention:		Relationship:	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?

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):

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

Use Prior to Grant

Change Station Location

Other

6. Requested Use Prior Date

7. City Fairbanks

8. Latitude
(dd mm ss.s h) 64 51 23.0 N

9. State AK	10. Longitude (dd mm ss.s h) 147 48 56.0 W
11. Please supply any need attachments. Attachment 1: Attachment 2: Attachment 3:	
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.) NULL	
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.	
14. Name of Person Signing —	15. Title of Person Signing —
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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