

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

STA StGeorge

1. Applicant

Name:	TelAlaska, Inc.	Phone Number:	907-563-2003
DBA Name:		Fax Number:	907-565-5539
Street:	201 E 56th Avenue	E-Mail:	
City:	Anchorage	State:	AK
Country:	USA	Zipcode:	99518 -
Attention:	Bob Dunn		

2. Contact

Name:	Bob Dunn	Phone Number:	907-563-2003
Company:	TelAlaska, Inc.	Fax Number:	907-565-5539
Street:	201 E 56th Avenue	E-Mail:	
City:	201 E 56th Avenue	State:	AK
Country:	USA	Zipcode:	99518 -
Attention:	Bob Dunn	Relationship:	Same

(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
08/08/2008

7. City St George

8. Latitude
(dd mm ss.s h) 56 30 0.0 N

9. State AK	10. Longitude (dd mm ss.s h) 169 32 27.0 W
11. Please supply any need attachments. Attachment 1: STA Request Attachment 2: Antenna Exhibit Attachment 3: FreqCoorRadHaz	
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: 5px 0;">See Attachment 1</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 Bob Dunn	15. Title of Person Signing Director Regulatory Affiars
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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