

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA E080229

1. Applicant

Name:	TelAlaska, Inc.	Phone Number:	907-563-2003
DBA Name:		Fax Number:	907-565-5539
Street:	201 E 56th Avenue	E-Mail:	administration@telalaska.com
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:	administration@telalaska.com
City:	Anchorage	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 SESLIC2008110401446 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 CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant Change Station Location Other

6. Requested Use Prior Date
12/09/2008

7. City Anchorage

8. Latitude
(dd mm ss.s h) 61 10 13.0 N

9. State AK	10. Longitude (dd mm ss.s h) 149 52 47.0 W
11. Please supply any need attachments. Attachment 1: STA Request Attachment 2: TechFreqCood Attachment 3: RadHaz	
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 Bunn	15. Title of Person Signing Director Regulatory Affairs
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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