

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA for Satellite Earth Station Assignment

1. Applicant

Name:	American Samoa License, Inc.	Phone Number:	684-699-2759 x1016
DBA Name:		Fax Number:	684-699-6593
Street:	478 Lafou Shopping Center	E-Mail:	amontenegro@blueskypacificgroup.com
	P.O. Box 478		
City:	Pago Pago	State:	AS
Country:	USA	Zipcode:	97699 -0478
Attention:	Mr Adolfo Montenegro		

2. Contact	
Name: Kent D. Bressie	Phone Number: 2027301337
Company: Harris, Wiltshire & Grannis LLP	Fax Number:
Street: 1919 M Street, N.W., Suite 800	E-Mail: KBressie@hwglaw.com
City: Washington	State: DC
Country: USA	Zipcode: 20036 -3537
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 SESASGINTR201600908 or Submission ID	
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 checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 03/15/2016	
7. City	8. Latitude (dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
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.) <div style="border: 1px solid black; padding: 5px;">American Samoa License, Inc. requests a special temporary authorization pending approval of the Consent to Assignment of License to AST Telecom, LLC, d/b/a Bluesky. The transaction took place prior to approval of the pro forma assignment.</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 Adolfo Montenegro	15. Title of Person Signing President and CEO
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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