

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
E030115 REQUEST TO EXTEND PRIOR USE STA (IS19)

1. Applicant

Name:	Hawaii Pacific Teleport, L.P.	Phone Number:	808-674-9157
DBA Name:		Fax Number:	808-674-1826
Street:	P.O. Box 693	E-Mail:	lsmith-ryland@hawaiiiteleport.com
City:	Rumson	State:	NJ
Country:	USA	Zipcode:	07760 -
Attention:	Ms Leana A Smith-Ryland		

2. Contact

Name:	Frank R. Jazzo, Esq	Phone Number:	703-812-0470
Company:	Fletcher, Heald & Hildreth, PLC	Fax Number:	703-812-0486
Street:	1300 N 17th Street 11th Floor	E-Mail:	jazzo@fhhlaw.com
City:	Arlington	State:	VA
Country:	USA	Zipcode:	22209 -
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 SESMOD2017062200670 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
06/26/2017

7. City KAPOLEI

8. Latitude
(dd mm ss.s h) 21 20 8.9 N

9. State HI	10. Longitude (dd mm ss.s h) 158 5 17.8 W
11. Please supply any need attachments. Attachment 1: Schedule B Attachment 2: RadHaz 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; margin: 10px 0;">This application requests an extension of the special temporary authority to operate its fixed earth station in Kapolei, HI to communicate with the Intelsat 19 (S2850) satellite at 166E.</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 Leeana Smith-Ryland	15. Title of Person Signing Chief Executive Officer
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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