APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 60–Day STA to Operate New VSAT Sites

1. Applicant

Name: Alaska Communications Internet, **Phone Number:** 907–297–3000

LLC

DBA Name: Fax Number: 907–297–3153

Street: 600 Telephone Avenue E–Mail: Lisa.Phillips@acsalaska.com

MS #60

City: Anchorage State: AK

Country: USA Zipcode: 90503 -

Attention: Ms. Lisa Phillips

2. Contact				
Name:	Richard Cameron	Phone Number:	(202) 230–4962	
Company:	LMI Advisors	Fax Number:		
Street:	2550 M Street NW	E-Mail:	rcameron@lmiadvisors.com	
	Suite 343			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20037 –	
Attention:		Relationship:	Other	
 If Yes, complete and Governmental Entire Other(please explain	ber or Submission ID d with this application? d attach FCC Form 159. If N ty Noncommercial educ n):		n (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transr	mit/Receive Earth Station		
5. Type Request Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 05/04/2018	Date			
7. CityMultiple Locations		8. Latitude (dd mm ss.s h)		

O CL A ATZ	10.7			
9. State AK	10. Longitude			
	(dd mm ss.s h) 0 0 0.0			
11. Please supply any need attachments.				
Attachment 1: Narrative 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.)				
60-day STA to operate two (2) remote earth station sites as part of its existing C-band				
very small aperture terminal (VSAT) network.				
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 pursua				
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.				
grade to the transfer and meaning of column, purely to the approximation there purposes.				
14. Name of Person Signing	15. Title of Person Signing			
Rick Benken	VP			
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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