

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Chalkyitsik STA Request

1. Applicant

Name:	GCI Communication Corp.	Phone Number:	907-868-5615
DBA Name:		Fax Number:	907-868-9817
Street:	2550 Denali St, Ste 1000	E-Mail:	gcilicensemanager@gci.com
City:	Anchorage	State:	AK
Country:	USA	Zipcode:	99503 -2737
Attention:	Ms Cynthia L Hall		

2. Contact			
Name:	GCI Communication Corp.	Phone Number:	907-868-5615
Company:		Fax Number:	907-868-9817
Street:	2550 Denali St, Ste 1000	E-Mail:	chall2@gci.com
City:	Anchorage	State:	AK
Country:	USA	Zipcode:	99503 -2737
Attention:		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 IB2018008885			
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 10/17/2018			
7. CityChalkyitsik		8. Latitude (dd mm ss.s h) 66 39 15.7 N	

9. State AK	10. Longitude (dd mm ss.s h) 143 43 26.2 W
11. Please supply any need attachments. Attachment 1: Exhibit A_ Attachment 2: Exhibit B_ 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: 10px; min-height: 100px;"> Point to point data network </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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing Jimmy Sipes	15. Title of Person Signing VP, Network Servces and Chief Engineer
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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