APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Extension of STA for T18V 101918

1. Applicant				
Name:	Hawaii Pacific Teleport, L.P.	Phone Number:	808-674-9157	
DBA Name:	DBA Name:		808-674-1826	
Street:	P.O. Box 429	E-Mail:	lsmith–ryland@hawaiiteleport. com	
City:	Makawao	State:	ні	
Country:	USA	Zipcode:	96768 –	
Attention:	Ms Leeana A Smith-Ryland			

2. Contact						
2. Contact						
Name:	Joseph A. Godles	Phone Nu	mber:	202-429	202-429-4900	
Company:	Goldberg, Godles, Wiener & Wright LLP	Fax Num	ber:			
Street:	1025 Connecticut Ave, NW	E–Mail: jgodles@g2w2.com		@g2w2.com		
	Ste 1000					
City:	Washington	State:		DC		
Country:	USA	Zipcode:		20036	_	
Attention:	Attention:		hip:	Other		
 (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 SESMFS2018092102789 or Submission ID 4a. Is a fee submitted with this application? 						
If Yes, complete and	d attach FCC Form 159. If No, ir	ndicate reason	for fee exempti	on (see 47 C.F.R.Se	ection 1.1114).	
O Governmental Entit	y O Noncommercial education	al licensee				
O Other(please explai	n):					
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request						
Use Prior to Grant O Change Station Location O Other						
6. Requested Use Prior Date 12/25/2018						

7. CityKapolei	8. Latitude (dd mm ss.s h) 21 20 8.0 N					
9. State HI	10. Longitude (dd mm ss.s h) 158 5 25.0 W					
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.)						
Extension of Special Temporary Authority SES-STA-20180928-02887 to add Telstar 18 VANTAGE as point of communication for service and TT&C on the 9.3m 2d antenna until the earlier of						
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.						
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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