

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA Request for Guam Application 2/22/2019

**1. Applicant**

<b>Name:</b>	Hawaii Pacific Teleport, L.P.	<b>Phone Number:</b>	808-674-9157
<b>DBA Name:</b>		<b>Fax Number:</b>	808-674-1826
<b>Street:</b>	P.O. Box 429	<b>E-Mail:</b>	lsmith-ryland@hawaiiiteleport.com
<b>City:</b>	Makawao	<b>State:</b>	HI
<b>Country:</b>	USA	<b>Zipcode:</b>	96768 -
<b>Attention:</b>	Ms Leana A Smith-Ryland		

**2. Contact**

<b>Name:</b>	Michelle A. McClure	<b>Phone Number:</b>	703-812-0484
<b>Company:</b>	Fletcher, Heald & Hildreth, PLC	<b>Fax Number:</b>	703-812-0486
<b>Street:</b>	1300 North 17th St. 11th Floor	<b>E-Mail:</b>	mcclure@fhhlaw.com
<b>City:</b>	Arlington	<b>State:</b>	VA
<b>Country:</b>	USA	<b>Zipcode:</b>	22209 -
<b>Attention:</b>		<b>Relationship:</b>	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 or Submission ID IB2019000455

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  
03/13/2019

7. City

8. Latitude  
(dd mm ss.s h) 0 0 0.0



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