

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA request pending license grant Point Lay, AK. Submission ID B2019000814

**1. Applicant**

<b>Name:</b>	Arctic Slope Telephone Association Cooperative, Inc.	<b>Phone Number:</b>	907-563-3989
<b>DBA Name:</b>		<b>Fax Number:</b>	907-563-1932
<b>Street:</b>	4300 B Street, Suite 501	<b>E-Mail:</b>	clover@astac.net
<b>City:</b>	Anchorage	<b>State:</b>	AK
<b>Country:</b>	USA	<b>Zipcode:</b>	99503 -
<b>Attention:</b>	Ms Clover McNeil		

**2. Contact**

<b>Name:</b>	Brian DeMarco	<b>Phone Number:</b>	907 244-2160
<b>Company:</b>	Arctic Slope Telephone Association Cooperative, Inc	<b>Fax Number:</b>	
<b>Street:</b>	4300 B Street, Suite 501	<b>E-Mail:</b>	briand@astac.net
<b>City:</b>	Anchorage	<b>State:</b>	AK
<b>Country:</b>	USA	<b>Zipcode:</b>	99503 -
<b>Attention:</b>		<b>Relationship:</b>	

(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 IB2019000814

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  
05/28/2019



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