APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA request pending license grant Point Lay, AK. Submission ID IB2019000814

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Name: Arctic Slope Telephone Phone Number: 907–563–3989

Association Cooperative, Inc.

DBA Name: Fax Number: 907–563–1932

Street: 4300 B Street, Suite 501 E–Mail: clover@astac.net

City: Anchorage State: AK

Country: USA Zipcode: 99503 -

Attention: Ms Clover McNeil

2. Contact						
	Name:	Brian DeMarco	Phone Number:	907 244–2160		
	Company:	Arctic Slope Telephone Association Cooperative, Inc	Fax Number:			
	Street:	4300 B Street, Suite 501	E–Mail:	briand@astac.net		
	City:	Anchorage	State:	AK		
	Country:	USA	Zipcode:	99503 –		
	Attention:		Relationship:			
(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						
		with this application? I attach FCC Form 159. If No, ir	ndicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).		
		y Noncommercial education		·		
	er(please explain					
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type l	Request					
Use	Use Prior to Grant Change Station Location Other					
6. Requested Use Prior Date 10/11/2019						

7. CityPoint Lay	8. Latitude (dd mm ss.s h) 69 44 25.7 N				
9. State AK	10. Longitude (dd mm ss.s h) 163 0 44.6 W				
11. Please supply any need attachments.					
Attachment 1: 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.)					
Request for Special Temporary Authority (STA) to operate the proposed 3.8 meter C-band uplink earth station pending grant of license under FCC Submission ID IB2019000814. The STA request is for the transmit band only. This STA is needed to support critical timelines for communications support in remote Alaska locations					
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 Brian Demarco	15. Title of Person Signing Director Wireless Networks				
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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