

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
60 day STA - Ka-band Antenna E6238 Nikolai

1. Applicant

|            |                                    |               |                         |
|------------|------------------------------------|---------------|-------------------------|
| Name:      | Alascom, Inc.                      | Phone Number: | 202-457-3032            |
| DBA Name:  |                                    | Fax Number:   | 202-457-3071            |
| Street:    | 1120 20th Street, NW<br>Suite 1000 | E-Mail:       | jackie.flemming@att.com |
| City:      | Washington                         | State:        | DC                      |
| Country:   | USA                                | Zipcode:      | 20036                   |
| Attention: | Jacquelyne Flemming                |               |                         |

60 days "with conditions"

File # SES-STA-20191125-01616

Call Sign E6238 Grant Date 12/30/2019  
(or other identifier)

Term Dates  
From: 12/30/2019 To: 02/28/2020

Approved: [Signature]



**GRANTED**  
International Bureau

|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |
| <b>Name:</b> Scott Wood<br><b>Company:</b> Alascom, Inc.<br><b>Street:</b> 505 E. Bluff<br>MP288<br><b>City:</b> Anchorage<br><b>Country:</b> USA<br><b>Attention:</b>                                                                                                                                                                                                            | <b>Phone Number:</b> 907-264-7869<br><b>Fax Number:</b><br><b>E-Mail:</b><br><br><b>State:</b> AK<br><b>Zipcode:</b> 99501 -<br><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 SESMODINTR201904001 or Submission ID                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      |
| 4a. Is a fee submitted with this application?<br><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).<br><input checked="" type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input checked="" 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 checked="" type="radio"/> Other                                                                 |
| 6. Requested Use Prior Date                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      |
| 7. City Nikolai                                                                                                                                                                                                                                                                                                                                                                   | 8. Latitude (dd mm ss.s h) 63 0 41.0 N                                                                                                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 9. State AK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10. Longitude<br>(dd mm ss.s h) 154 22 51.0 W            |
| 11. Please supply any need attachments.<br><br>Attachment 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Attachment 2:<br><br>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.)<br><br><div style="border: 1px solid black; padding: 5px;"> Applicant requests 60 day STA to construct and operate a new Ka-band earth station antenna. See Call Sign E6238; File No. SES-MOD-INTR2019-04001. </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.<br><br><div style="display: flex; justify-content: space-around;"> <span>Yes <input checked="" type="radio"/></span> <span>No <input type="radio"/></span> </div> |                                                          |
| 14. Name of Person Signing<br>Chris Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15. Title of Person Signing<br>Director Network Services |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).                                                                                                                                                                                                                                                                                                                            |                                                          |

# **FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

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**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

Applicant: Alascom, Inc.  
Call Sign: E6238  
File No.: SES-STA-20191125-01616  
Special Temporary Authority ("STA")



File # SES-STA-20191125-01616  
Call Sign E6238 Grant Date 12/30/2019  
(or other identifier)  
Term Dates  
From: 12/30/2019 To: 02/28/2020  
Approved: [Signature]

Alascom, Inc ("Alascom") is granted Special Temporary Authority for 60 days to operate its fixed earth station located in Nikolai, AK with Spaceway 1 satellite (Call Sign S2191) at orbital location 138.9°W on center frequencies of 29500-30000 MHz (Earth-to-space) and 19700-20200 MHz (space-to-Earth) under the following conditions:

1. Operations under this authority are on a non-interference basis only.
2. Operations under this authority are on a non-protected basis only.
3. Operations shall not exceed parameters proposed in the pending application IBFS file number SES-MOD-20191122-01586.
4. Alascom shall, at all times, take all necessary measures to ensure that operation of this earth station does not create potential exposure of humans to radiofrequency radiation in excess of the FCC exposure limits defined in 47 CFR § 1.1307(b) and 1.1310. Physical measures must be taken to ensure compliance with limits for both occupational/controlled exposure and for general population/uncontrolled exposure, as defined in these rule sections. Compliance can be accomplished in most cases by appropriate restrictions, such as fencing. Requirements for restrictions can be determined by predictions based on calculations, modeling, or by field measurements. The FCC's OET Bulletin 65 (available on-line at [www.fcc.gov/oet/rfsafety](http://www.fcc.gov/oet/rfsafety)) provides information on predicting exposure levels and on methods for ensuring compliance, including the use of warning and alerting signs and protective equipment for workers.
5. In the event of any harmful interference under this grant of special temporary authority Alascom must cease operations immediately upon notification of such interference, and must inform the Commission in writing, immediately of such an event.
6. Any action taken or expense incurred as a result of operations pursuant to this special temporary authority is solely at Alascom's risk.
7. Grant of this authorization is without prejudice to any determination that the Commission may make regarding Alascom's pending IBFS file number SES-MOD-20191122-01586 or future Alascom applications.

This action is issued pursuant to Section 0.261 of the Commission's rules on delegated authority, 47 CFR § 0.261, and is effective immediately.