

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 – E2202 Grayling

**1. Applicant**

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

**2. Contact**

<b>Name:</b>	Scott Wood	<b>Phone Number:</b>	907-264-7869
<b>Company:</b>	Alascom, Inc.	<b>Fax Number:</b>	
<b>Street:</b>	505 East Bluff Drive MP288	<b>E-Mail:</b>	
<b>City:</b>	Anchorage	<b>State:</b>	AK
<b>Country:</b>	USA	<b>Zipcode:</b>	99501 -
<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 SESMODINTR201904008 or Submission ID

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

7. City Grayling

8. Latitude  
(dd mm ss.s h)    62   54   11.0   N



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