

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for STA to support testing with existing antenna on Call Sign E190105

1. Applicant

Name:	Denali 20020, LLC	Phone Number:	509-689-1000
DBA Name:		Fax Number:	509-689-3798
Street:	66 C Teleport Drive	E-Mail:	TOCC@usei-teleport.com
City:	Brewster	State:	WA
Country:	USA	Zipcode:	98812 -
Attention:	Mr Darryl White		

2. Contact

Name:	Mr Darryl White	Phone Number:	509-689-1000
Company:	Denali 20020, LLC	Fax Number:	
Street:	66 C Teleport Drive	E-Mail:	TOCC@usei-teleport.com
City:	Brewster	State:	WA
Country:	USA	Zipcode:	98812 -
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

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
12/09/2019

7. CityBrewster

8. Latitude
(dd mm ss.s h) 48 8 49.9 N

9. State WA	10. Longitude (dd mm ss.s h) 119 41 44.5 W
11. Please supply any need attachments. Attachment 1: Coordination Notice 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.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Request for Special Temporary Authority to complete testing with the existing 11.1 meter antenna on Call Sign E190105, License SES-LIC-20190308-00300. Testing is necessary on the Galaxy 15 satellite at 133 degrees West Longitude to support client operations. STA for a duration of 90 days to complete the proposed tests is requested.</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. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Darryl White	15. Title of Person Signing Manager
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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