

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Request for Special Temporary Authority to operate pending Modification of E190068

1. Applicant

Name:	Hawaii Pacific Teleport LLLP	Phone Number:	808-674-9157
DBA Name:		Fax Number:	
Street:	P.O. Box 429	E-Mail:	
City:	Makawao	State:	HI
Country:	USA	Zipcode:	96768 -
Attention:	Ms Leeana A Smith-Ryland		

2. Contact	
Name: Paul Feldman	Phone Number: 703 812-0400
Company: Fletcher, Heald & Hilldreth	Fax Number:
Street: 1300 N. 17th Street	E-Mail: feldman@fhhlaw.com
City: Washington	State: DC
Country: USA	Zipcode: 22209 –
Attention:	Relationship: Legal Counsel
(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 SESMFS2022021400175 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 02/15/2022	
7. City Pulantat	8. Latitude (dd mm ss.s h) 13 25 4.8 N

9. State GU	10. Longitude (dd mm ss.s h) 144 45 6.2 E
11. Please supply any need attachments. Attachment 1: Coordination report 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.) Hawaii Pacific Teleport seeks STA for its Guam earth station to transmit to and receive from SES-12, a Netherlands-licensed satellite, pending Commission processing of the pending modification application for permanent authority SES-MFS-20220214-00175. Operating parameters for this STA will be identical to those filed for in SES-MFS-20220214-00175.	
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. ☒ Yes ☐ No	
14. Name of Person Signing Leeana Smith-Ryland	15. Title of Person Signing President
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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12. Description

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