

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Replace expiring STA – Lower Yukon School District

1. Applicant

Name:	Alaska Communications Internet, LLC	Phone Number:	907-297-3130
DBA Name:		Fax Number:	
Street:	600 Telephone Avenue MS #60	E-Mail:	regaffair@acsalaska.com
City:	Anchorage	State:	AK
Country:	USA	Zipcode:	99515 –
Attention:	Lisa Phillips		

2. Contact	
Name:	Richard Cameron
Company:	LMI Advisors LLC
Street:	2550 M St NW Suite 300
City:	Washington
Country:	USA
Attention:	Richard Cameron
Phone Number:	202-230-4962
Fax Number:	
E-Mail:	rcameron@lmiadvisors.com
State:	DC
Zipcode:	20037 -
Relationship:	Other
(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 SESAMD2022092901044 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 12/10/2022	
7. CityMultiple	8. Latitude (dd mm ss.s h) 0 0 0.0

9. State AK	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Narrative Attachment 2: Form 312/Sched. B Attachment 3: Technical Appendix	
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.) Replace expiring STA SES-STA-20220929-01043 to continue serving the Lower Yukon School District pursuant to commitment of Emergency Connectivity Fund support.	
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 Mark Ayers	15. Title of Person Signing Vice President, Engineering, Planning & Constr.
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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