

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 (Silver Bay)

1. Applicant

Name:	Alaska Communications Internet, LLC	Phone Number:	907-297-3000
DBA Name:		Fax Number:	907-297-3153
Street:	600 Telephone Avenue MS #60	E-Mail:	Lisa.Phillips@acsalaska.com
City:	Anchorage	State:	AK
Country:	USA	Zipcode:	90503 -
Attention:	Ms. Lisa Phillips		

2. Contact	
Name: Richard Cameron	Phone Number: 2022304962
Company: LMI Advisors	Fax Number:
Street: 2550 M Street. MW Suite 319	E-Mail: rcameron@lmiadvisors.com
City: Washington	State: DC
Country: USA	Zipcode: 20037 –
Attention:	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 SESLIC2017111601257 or Submission ID	
4a. Is a fee submitted with this application?	
<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).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input 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 type="radio"/> Other	
6. Requested Use Prior Date 02/14/2019	
7. CitySilver Bay False Pass	8. Latitude (dd mm ss.s h) 54 51 54.0 N

9. State AK	10. Longitude (dd mm ss.s h) 163 24 42.2 W
11. Please supply any need attachments. Attachment 1: Narrative Attachment 2: Technical Appendix 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: 5px 0;">60-day STA for operations at Silver Bay False Pass.</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 Rick Benken	15. Title of Person Signing VP
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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