

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA request pending license grant Katovik , AK. Submission ID IB2019000815

1. Applicant

Name:	Arctic Slope Telephone Association Cooperative, Inc.	Phone Number:	907-563-3989
DBA Name:		Fax Number:	907-563-1932
Street:	4300 B Street, Suite 501	E-Mail:	clover@astac.net
City:	Anchorage	State:	AK
Country:	USA	Zipcode:	99503 -
Attention:	Ms Clover McNeil		

2. Contact

Name:	Brian DeMarco	Phone Number:	907 244-2160
Company:	Arctic Slope Telephone Association Cooperative, Inc	Fax Number:	
Street:	4300 B Street, Suite 501	E-Mail:	briand@astac.net
City:	Anchorage	State:	AK
Country:	USA	Zipcode:	99503 -
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 IB2019000815

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
10/11/2019

7. City Katovik	8. Latitude (dd mm ss.s h) 70 7 35.4 N
9. State AK	10. Longitude (dd mm ss.s h) 143 37 1.1 W
11. Please supply any need attachments. Attachment 1: 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: 10px; margin: 10px 0;"> <p>Request for Special Temporary Authority (STA) to operate the proposed 3.8 meter C-band uplink earth station pending grant of license under FCC Submission ID IB2019000815. The STA request is for the transmit band only. This STA is needed to support critical timelines for communications support in remote Alaska locations</p> </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 Brian Demarco	15. Title of Person Signing Director Wireless Networks
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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