## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: Saipan STA Extension Request  $2/5/2020\,$ 

1. Applicant

Name: Hawaii Pacific Teleport, L.P. **Phone Number:** 808–674–9157

**DBA Name:** Fax Number: 808–674–1826

Street: P.O. Box 429 E-Mail: lsmith-ryland@hawaiiteleport.

com

City: Makawao State: HI

**Country:** USA **Zipcode:** 96768 –

**Attention:** Ms Leeana A Smith–Ryland

2. Contact				
Name:	Michelle A. McClure	Phone Number:	703-812-0484	
Company:	Fletcher, Heald & Hildreth, PLC	Fax Number:	703-812-0486	
Street:	1300 North 17th St.	E–Mail:	mcclure@fhhlaw.com	
	11th Floor			
City:	Arlington	State:	VA	
Country:	USA	Zipcode:	22209 –	
Attention:		Relationship:	Legal Counsel	
4a. Is a fee submittee  If Yes, complete and	ber SESLIC2019030500258 or Subdivith this application? d attach FCC Form 159. If No, indity  Noncommercial educational n):	icate reason for fee exemp	tion (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transmit/Rec	ceive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 02/27/2020	Date			
7. City		8. Latitude (dd mm ss.s h	8. Latitude (dd mm ss.s h) 0 0 0.0	

9. State	10. Longitude				
2. State	(dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: STA Request 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, L.P. requests extension of Special Temporary Authority to					
continue to operate an earth station at Gualo Rai, Saipan.					
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.					
14. Name of Person Signing	15. Title of Person Signing				
Leeana Smith–Ryland	Chief Executive Officer				
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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