

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

Request for Extension of Special Temporary Authority – Ofu

1. Applicant

Name:	American Samoa Telecommunications Authority	Phone Number:	684-699-1121
DBA Name:		Fax Number:	684-699-9026
Street:	Aleki Sene Sr. Telecomm. Center PO Box M	E-Mail:	chris.danielson@astca.net
City:	Tafuna	State:	AS
Country:	USA	Zipcode:	96799 –
Attention:	Chris Danielson		

2. Contact			
Name:	Gerry Oberst	Phone Number:	202-637-8722;5793
Company:	Hogan Lovells US LLP	Fax Number:	202-637-8722;5910
Street:	555 Thirteenth Street, NW	E-Mail:	gerry.oberst@hoganlovells.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 -
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 SESSTA2021071901077 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			
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other			
6. Requested Use Prior Date 12/19/2021			
7. City Ofu		8. Latitude (dd mm ss.s h) 14 10 32.72 S	

9. State AS	10. Longitude (dd mm ss.s h) 169 37 30.23 W
11. Please supply any need attachments. Attachment 1: Narrative 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.) The American Samoa Telecommunications Authority seeks a 180-day extension of special temporary authority to continue operating a temporary FSS VSAT network system in the 19.8-19.95 GHz and 29.6-29.7 GHz bands in the Manu'a Islands, specifically Ofu, due to complete service outage caused by broken fiber link.	
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 Chuck Leota	15. Title of Person Signing 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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