

(REFERENCE COPY - Not for submission)

Extension of a Construction Permit

File Number: 0000151750Submit Date: 07/06/2021Call Sign: K15APFacility ID: 62725FRN: 0001567247State:AlaskaCity: MOOSE PASSService: LPDPurpose: Extension of CPStatus: DismissedStatus Date: 04/05/2022Filing Status: InActive

General	Section	Question	Response
Information	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
STATE OF ALASKA Doing Business As: State of Alaska	Dave Donley 550 West Seventh Suite1970 Anchorage, AK 99501 United States	+1 (907) 269- 2764	dave.donley@alaska. gov	Government Entity

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact Representatives (2)	Contact Name	Address	Phone	Email	Contact Type
	Dave Donley DOA Deputy Commissioner State of Alaska	Dave Donley 550 West Seventh Suite1970 Anchorage, AK 99501 United States	+1 (907) 269-2764	dave.donley@alaska. gov	State of Alaska Representative
	Ed Ulman Alaska Public Media President and CEO Alaska Public Media	Ed Ulman 3877 University Dr. Anchorage, AK 99508 United States	+1 (907) 550-8411	eulman@alaskapublic. org	Alaska Public Media Project Manager for ARCS

Tolling Questions

· #F	Section	Question	Response
flow): other reasons (e.g., natural disasters): Yes Has the construction period for this station been previously extended? No Applicant requests that the time within which to complete 01/10			
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extended? Applicant requests that the time within which to complete 01/10		other reasons (e.g., natural disasters):	Yes
			No
construction be extended until: /2022		Applicant requests that the time within which to complete	01/10
		construction be extended until:	/2022

	Section	Question	Response
	General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
		The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
	Authorized Party to Sign	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503). 	
		I certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Dave Donley Deputy Commissioner Department of Administration
			07/06/2021

Attachments	File Name	Uploaded By	Attachment Type	Description
	ARCS TV Transslators Extension Request Narrative.docx	Applicant	All Purpose	
	CP Extension List.xlsx	Applicant	All Purpose	