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File Number: SAT-STA-20181016-00079

Callsign:

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SPACE STATION SPECIAL TEMPORARY AUTHORITY

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APPLICANT INFORMATION

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

EchoStar 15 DBS Operations STA

1. Applicant

Name:	EchoStar Satellite Operating Corporation	Phone Number:	301-428-5893
DBA Name:		Fax Number:	
Street:	100 Inverness Terrace East	E-Mail:	jennifer.manner@echostar.com
City:	Englewood	State:	CO
Country:	USA	Zipcode:	80112 -
Attention:	Jennifer A. Manner		

2. Contact

Name:	Jennifer A. Manner	Phone Number:	301-428-5893
Company:	EchoStar Satellite Operating Corporation	Fax Number:	
Street:	11717 Exploration Lane	E-Mail:	jennifer.manner@echostar.com
City:	Germantown	State:	MD
Country:	USA	Zipcode:	20876 -
Attention:		Relationship:	Same

(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 IB2018008556

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

- Change Station Location Extend Expiration Date Other

6. Temporary Orbit Location

7. Requested Extended Expiration Date

8. 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.)

Seeking 60-day STA to operate EchoStar 15 (Call Sign S2811) on all 32 DBS channels at its existing 61.65' WL orbital location. See Exhibit 1.

9. 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

10. Name of Person Signing
Jennifer A. Manner

11. Title of Person Signing
Senior Vice President, Regulatory Affairs

12. Please supply any need attachments.

Attachment 1: Exhibit 1

Attachment 2:

Attachment 3:

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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