## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to Operate Call Sign E980047 to Move EchoStar 6 to 72.7 W.L.

1. Applicant

Name: EchoStar Corporation Phone Number: 303–723–1000

DBA Name: Fax Number:

**Street:** 90 Inverness Circle E. **E–Mail:** 

City: Englewood State: CO

Country: USA Zipcode: 80112 -

**Attention:** Linda Kinney – (202)293–0981

2. Contact					
	Name:	Pantelis Michalopoulos	Phone Number:	202-429-6494	
	<b>Company:</b>	Steptoe & Johnson LLP	Fax Number:		
	Street:	1330 Connecticut Ave., NW	E–Mail:	pmichalopoulos@steptoe.com	
	City:	Washington	State:	DC	
	<b>Country:</b>	USA	Zipcode:	20036 –	
	<b>Attention:</b>		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 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 CGX – Fixed Satellite Transmit/Receive Earth Station					
46. Fee Classification CGX – Fixed Sateritie Transmit/Receive Earth Station  [5. Type Request]					
Use Prior to Grant Change Station Location Other					
6. Request	ed Use Prior I	Date			
7. CityCheyenne				8. Latitude (dd mm ss.s h) 41 7 56.4 N	

9. State WY	10. Longitude (dd mm ss.s h) 104 44 10.4					
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.)						
EchoStar Corporation seeks special temporary authority to operate its transmit/receive earth station to move the EchoStar 6 satellite from 110.4 W.L. to 72.7 W.L. Please see attached narrative.						
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 Linda Kinney	15. Title of Person Signing Vice President, Law and Regulation					
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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