## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Special Temporary Authority to Operate E020306 to Move EchoStar 5 to 148 W.L.

1. Applicant							
	Name:	EchoStar Corporation	Phone Number:	303-723-1000			
	<b>DBA Name:</b>		Fax Number:				
	Street:	90 Inverness Circle E.	E-Mail:				
	City:	Englewood	State:	СО			
	<b>Country:</b>	USA	Zipcode:	80112 –			
	Attention:	Linda Kinney - (202)293-0981					

2. Contact							
Name:	Pantelis Michalopoulos	Phone Number:	202-429-6494				
Company:	Steptoe & Johnson LLP	Fax Number:					
Street:	1330 Connecticut Ave NW	E-Mail:	pmichalopoulos@steptoe.com				
City:	Washington	State:	DC				
Country:	USA	Zipcode:	20036 –				
Attention:		<b>Relationship:</b>	Legal Counsel				
(If your application is r	elated to an application filed with	the Commission, enter eithe	r the file number or the IB Submission ID of the related				
application. Please ente							
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).							
O Governmental Entity O Noncommercial educational licensee							
• Other(please explain):							
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request							
O Use Prior to Grant O Change Station Location O Other							
6. Requested Use Prior	Date						
7. CityGilbert		8. Latitude					
		(dd mm ss.s	h) 33 21 59.8 N				

9. State AZ	10. Longitude (dd mm ss.s h) 111 48 52.3 W					
11. Please supply any need attachments.						
Attachment 1: ES STA 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 5 satellite from 129 W.L. to 148 W.L. 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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