## 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 E990309 with EchoStar 14 at 118.9 W.L.

1. Applicant

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

DBA Name: Fax Number:

**Street:** 100 Inverness Terrace East **E-Mail:** 

City: Englewood State: CO

Country: USA Zipcode: 80112 -

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

2. Contact	t				
	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:		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					
5. Type Request					
Use Prior to Grant Change Station Location Other					
6. Request	ted Use Prior I	Date			
7. CityChe	eyenne		8. Latitude (dd mm ss.s h)	41 7 56.8 N	

9. State WY	10. Longitude					
3. State W 1	(dd mm ss.s h) 104 44 11.2 W					
11. Please supply any need attachments.						
Attachment 1: Narrative Attachment 2:	Attachment 3:					
Attachment 1. Ivaliative 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 Corporations seeks Special Temporary Authority to operate its transmit/receive						
earth station with the EchoStar 14 satellite at 118.9 W.L. See attached narrative						
13. By checking Yes, the undersigned certifies that neither applicant nor						
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.						
8	T. T					
14. Name of Person Signing	15. Title of Person Signing					
Linda Kinney	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).						
(C.S. Code, The 17, Section 312(a)(1)), 11 (D.O. Code, The 17, Section 303).						

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